

Civic Religion in Late Medieval Marseille: The Hospital of Saint-Esprit, 1306-1457

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Abstract

This thesis examines the function of the Hospital of Saint-Esprit in Marseille between 1306 and 1457. It relies on daily account books produced by the hospital administrators to tell the social history of the institution, reconstructing the role of the hospital in the community and as a community in late medieval Marseille. The incomes and expenditures recorded in the accounts reveal that the Hospital of Saint-Esprit served as an expression of “civic religion” in Marseille and, as such, functioned in the city at both a community and individual level.

From the time of its foundation in 1188, Saint-Esprit had close ties to the various governing bodies of Marseille; by at least the beginning of the fourteenth century, the municipal council appointed annually two rectors to oversee its administration. This association granted the hospital both a symbolic and a functional role in civic life in Marseille. Symbolically, association with the hospital conferred social and political capital on individuals. Functionally, the council’s oversight of the hospital allows it to be understood as an expression of communal health measures in the city.

Yet the Hospital of Saint-Esprit was not simply an instrument of civic authorities; that it was able to participate as it did in the civic realm attests to the socio-cultural value ascribed to it. The hospital institutionalized the charitable ideals of the period, performing the seven corporal works of mercy to provide for the sick and needy whose suffering brought them closer to Christ. These individuals lacked traditional social networks in the city that could otherwise offer support in times of need, and thus suffered a need that is inextricably physical, spiritual, and social. Their social rootlessness in the city resulted, sometimes, from situation – as in the case of abandoned infants – and, sometimes, from circumstance – as in the case of the many sick and injured of the galleys who passed through the port. Through the performance of the seven corporal works of

mercy, Saint-Esprit provided a community for those who lacked one in the city and, through baptism of infants and prayer for and commemoration of the dead, they incorporated into a community in the afterlife those who otherwise lacked one in this life.

Résumé

Cette thèse s'articule autour de la fonction de l'Hôpital du Saint-Esprit de Marseille de 1306 à 1457. Elle s'appuie sur des livres de comptes quotidiens produits par les administrateurs de cet hôpital. Elle raconte donc l'histoire sociale de l'établissement en reconstituant le rôle de l'hôpital dans la communauté Marseillaise, mais aussi comme une communauté en soi-même. Les revenus et dépenses enregistrés dans les comptes révèlent que l'hôpital du Saint-Esprit a servi d'expression de la "religion civique" à Marseille et, à ce titre, a fonctionné dans la ville tant au niveau communautaire qu'individuel.

Dès sa fondation en 1188, le Saint-Esprit entretenait des liens étroits avec les différents pouvoirs dirigeants Marseille. Depuis au moins le début du XIV^e siècle, le conseil municipal nommait chaque année deux recteurs pour superviser son administration. Cette association confère à l'hôpital à la fois un rôle symbolique et fonctionnel dans la vie civique marseillaise. Symboliquement, l'association avec l'hôpital conférait un capital social et politique aux individus. Sur le plan fonctionnel, la surveillance exercée par le conseil sur l'hôpital permet de le comprendre comme l'expression des mesures de santé communautaire dans la ville.

Mais l'hôpital du Saint-Esprit n'était pas simplement l'instrument des autorités civiques. Sa participation robuste dans le domaine civique atteste de la valeur socioculturelle qui lui est attribuée. L'hôpital a institutionnalisé les idéaux caritatifs de l'époque, accomplissant les sept œuvres de miséricorde corporelle pour subvenir aux besoins des malades et des indigents dont leurs souffrances les ont rapprochés du Christ. Ces personnes manquaient accès aux réseaux

sociaux traditionnels de la ville qui pourraient autrement fournir un soutien en cas de besoin. Elles ont donc souffert d'un besoin inextricablement physique, spirituel et social. Leur déracinement social dans la ville résultait, parfois, de leur situation – comme dans le cas des enfants abandonnés – et, parfois, de leurs circonstances – comme dans le cas des nombreux malades et blessés des galères qui traversent le port. Grâce à l'exécution des sept œuvres de miséricorde corporelle, le Saint-Esprit fournissait une communauté pour ceux et celles qui en manquaient autrement dans la ville. Soit par le baptême des nourrissons soit par la prière pour les défunts, les agents de l'hôpital ont incorporé ceux et celles qui manquaient une communauté terrestre dans la communauté de l'au-delà.

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Table of Contents

Abstract	ii
Acknowledgements	v
Introduction	1
Part One: The Institutional History of Saint-Esprit.....	21
Chapter 1: The religious landscape: the role of the poor in medieval Christianity	21
1.1 Introduction	21
1.2 Monasticism.....	22
1.3 Mendicants	27
1.4 Lay Piety	34
1.5 Confraternities and Hospitals.....	37
1.6 Conclusion	48
Chapter 2: The Hospital and the City	50
2.1 Introduction	50
2.2 The Confraternity of Saint-Esprit, the Order of Saint-Esprit, and the Hospital of Saint-Esprit: An Historiographical Debate.....	51
2.3 The Hospital and the City.....	64
2.4 Urban Health in Marseille	71
2.5 Conclusion	86
Part Two: The Social History of Saint-Esprit	87
Chapter 3: The Hospital: Its Household and Resources	87
3.1 Introduction	87
3.2 Location and Architecture.....	87
3.3 Members of the Household	96
3.3.1 Administrators	96
3.3.2 Brothers, Sisters, and <i>Donats</i>	100
3.3.3 Servants	104
3.3.4 Service and Reciprocity	107
3.4 Financial Subsistence	111
3.4.1 Smaller sources of income.....	115
3.4.2 Donations.....	117
3.5 Institutional Response to Crisis	121
3.5.1 Land Management and the Black Death	121
3.5.2 Property Acquisition and the Sack of the City in 1423	128
3.6 Conclusion	131
Chapter 4: The Sick and Their Care	132

4.1 Introduction	132
4.2 Recipients of Care.....	136
4.2.1 Outside the Hospital Walls: The Poor.....	137
4.2.2 Prisoners	146
4.2.3 The Sick	150
4.3 Provision of Care	167
4.3.1 Physical Care	168
4.3.2. Spiritual Care	178
4.4 Conclusion	194
<i>Chapter 5: Wet nurses and the care of abandoned infants at Saint-Esprit</i>	<i>196</i>
5.1 Introduction	196
5.2 Reception and Care	203
5.2.1 Orphanhood, abandonment, and temporary care.....	203
5.2.2 Care at the Hospital of Saint-Esprit	218
5.3 Wet Nurses of Saint-Esprit	225
5.3.1 Identification in the Records	226
5.3.2 Duration of tenure.....	234
5.3.3 Compensation.....	240
5.4 Fates of Foundlings.....	243
5.5 Conclusion	246
<i>Conclusion</i>	<i>247</i>
<i>Appendix A: the Lorraine Cross.....</i>	<i>251</i>
<i>Appendix B: Notarial act from 1396 concerning Jacme and Guilhelmeta Revelhon</i>	<i>253</i>
<i>Appendix C: Patient Information</i>	<i>256</i>
<i>Appendix D: Medical professionals contracted by Saint-Esprit</i>	<i>268</i>
<i>Appendix E, Duration of infants stay with wet nurses</i>	<i>271</i>
<i>Bibliography.....</i>	<i>277</i>

Introduction

The InterContinental Marseille–Hôtel-Dieu sits to the north of the Vieux Port in Marseille. It is an institution that has, since the twelfth century, provided hospitality. Today, it provides luxurious accommodation to visitors, but, as its name suggests, it was once a hospital that served the poor of the city. For almost four hundred years, from 1188, the site housed the Hospital of Saint-Esprit. In 1582, Saint-Esprit was amalgamated with the Hospital of Saint-Jacques-de-Galice to form the Hôtel-Dieu, which served as the city’s primary hospital until the 1990s. Although nothing of the original structure of the Hospital of Saint-Esprit survives, its extant medieval accounts provide detailed reconstructions of its interior life. This is a study of the accounts of the Hospital of Saint-Esprit between 1306 and 1457.

These quotidian accounts of incomes and expenditures shed light on the material world the hospital inhabited. As a nineteenth-century historian of Saint-Esprit noted, “il nous fournit des details minutieux qui nous intéressent vivement quand il s’agit de ces temps éloignés, sans annals qui nous les racontent, sans tableaux qui en représentent la vie, sans échos qui en répètent les accents: âges obscurs et malheureux, couverts d’un voile épais dont les mains les plus savants et les plus infatigables n’ont jamais pu soulever qu’un coin.”¹ They permit a documentary reconstruction that reveals the contours of the physical world: the two tables in the refectory – one for the sick, one for the healthy – that were, eventually, replaced by a single table; the spartan rooms of the brothers and sisters; the food they consumed; the fields they cultivated and, later, rented out; their shoes; the Rule, nailed to a wall, that regulated their lives; the pine stairs that connected the official spaces to the infirmaries; portable alters; torches; linens. These details elucidate the mundane and, often elusive, rhythms of daily life in the Middle Ages.

¹ Augustin Fabre, *Histoire des hôpitaux et des institutions de bienfaisance de Marseille*, vol. 1 (Marseille: Imprimerie et lithographie de Jules Barile, 1854), 54.

They also elucidate, perhaps more significantly, the social world the hospital inhabited. They permit a social historical analysis that reveals the nature of need in late medieval Marseille. From amongst the terse records of patient arrivals, payment of medical professionals, and accounting of provisions emerge profiles of need. These profiles are multiple and diverse; individuals are, for the most part, poor, but some have money; some are from Marseille, but more are outsiders; some are sick, some are wounded, some are abandoned. But all share a commonality that speaks to the function of the hospital in the city and in medieval society, more broadly: they have sought the hospital's care for their ailments because they are, largely, without community in the port city. Their pursuit of care at the hospital, rather than within their own networks, speaks to a social dislocation borne, sometimes, of situation, sometimes, of circumstance. It is the deracination of the urban and the transient, and the hospital's response to it is both an institutionalization of broader cultural ideals and a manifestation of its time and place. This study explores the function of the Hospital of Saint-Esprit *in* the community and *as* a community in late medieval Marseille.²

In many ways, the foundation of the Hospital of Saint-Esprit is unremarkable. It was founded in 1188 by a certain Hospinel amidst the foundation, in the Mediterranean, of many other institutions with a similar charitable vocation. Hospitals dedicated to the Holy Spirit were especially prevalent throughout the period under consideration, flourishing throughout Western Europe from the end of the twelfth century.³ Such institutions prioritized care of the sick and

² As Peregrine Horden and Richard Smith have noted, the term "community" can be employed by historians "either as imaged at the time or as a convenient analytic tool – for which, despite much searching, no decent substitute has been found," "Introduction," in *The Locus of Care : Families, Communities, Institutions, and the Provision of Welfare Since Antiquity. Studies in the Social History of Medicine*, ed. Peregrine Horden and Richard Smith (London: Routledge, 1998), 7. This study employs it as an analytic tool.

³ Koen Goudriann, for example, has noted their exceptional popularity in later medieval Low Countries, where "the assumption has been launched that a hospital of this type was always the oldest in town," "Early Hospital Development in the Provinces of Holland, Zealand and Utrecht," in *Piety in Print and Practice: Essays on the Late*

poor through performance of the seven corporal works of mercy, which are enumerated by Jesus as salvific acts in Matthew 25: 34-44 and which include feeding the hungry, giving drink to the thirsty, clothing the naked, harboring the harbourless, visiting the sick, ransoming the captive, and burying the dead. The proliferation of such acts reflects the ideological shift from contemplative to active piety, whose apostolic ideals were espoused most prominently under Innocent III, as a means to combat the heterodox ideas of groups like the Cathars, and later realized by the mendicants, through their pastoral activities and presence in the community. This active piety appealed especially to the laity, for whom it created a space for active participation in the economy of salvation. As Vauchez has noted, “love for the poor and humility were...the common denominators of the lay sanctity” that arose in the twelfth century⁴ and found expression, especially, in the cities, where the consequences of urbanization created new forms of need. David Herlihy has argued that

the great novelty in the religious spirit of the fourteenth and fifteenth centuries was a more sensitive moral and social consciousness, a new awareness of the responsibility of the Christian in regard to the present world and its troubles. The spirit which built and enriched these hospitals, reflecting an active involvement in human society and a greater compassion for its ills, we may justly call ‘civic Christianity.’⁵

As an institution with inextricable links to the civic sphere of Marseille, the urban character of Saint-Esprit was, then, more than just locational; it was essential, and it establishes Saint-Esprit as an expression of the civic religion that arose, especially, in the Mediterranean in

Medieval Religious Landscape (Hilversum: Verloren, 2016), 43-45. Although not all hospitals dedicated to the Holy Spirit were attached to the Hospitaller Order of the same name, founded in the late twelfth century by Gui de Montpellier, hospitals affiliated with this Order flourished throughout the later Middle Ages as a result of the support of Innocent III, who recommended the Order to all bishops and who placed under his safeguard these institutions. For a history of the Order of Saint-Esprit, see Paul Brune, *Histoire de l'Ordre Hospitalier du Saint-Esprit* (Lons-Le-Saunier: Librairie catholique C. Martin, 1892).

⁴ André Vauchez, *The Laity in the Middle Ages: Religious Beliefs and Devotional Practices*, trans. Daniel Bornstein (Notre Dame: University of Notre Dame Press, 1993), 62.

⁵ David Herlihy, *Medieval and Renaissance Pistoia: The Social History of an Italian Town, 1200-1430* (Newhaven: Yale University Press, 1967), 249.

this period. Nicholas Terpstra defines “civic religion” as the “rituals, institutions, and practices of religious belief as these were shaped around the circumstances and goals of towns, cities and their inhabitants.”⁶ Saint-Esprit served as an expression and, at times, realization of civic aspirations in Marseille and, thus, conforms neatly to the model of civic charity described by Terpstra. Some historians claim that Hospinel, the founder of Saint-Esprit, was a member of the confraternity that, in 1215, established the communal independence of the city. When this period of communal governance faded, the municipal council maintained oversight of the hospital, appointing annually two members of the council to serve as rectors of the hospital. These rectors represented the hospital legally and governed its financial administration. Laure-Hélène Gouffran has demonstrated that the social capital conferred by the position of hospital rector played a strategic role in urban elites’ realization of their political aspirations.⁷

The foundation of a daughter hospital on the Île of Saint-Geniès establishes further the Hospital of Saint-Esprit as an institutionalization of civic religion. Sometime shortly after the foundation of Saint-Esprit in Marseille, the hospital and bridge of Saint-Geniès were founded in Martigues under the auspices of the marseillais hospital.⁸ Although the extant documentation contains no date of foundation for this institution, it must have existed before February 1194, when the king of Aragon and marquis of Provence placed the house and hospital of the bridge of Saint-Geniès under his protection and safeguard.⁹ The church, bridge, and hospital of Saint-

⁶ Nicholas Terpstra, “Civic Religion,” in *The Oxford Handbook of Medieval Christianity*, ed. John Arnold (Oxford: Oxford University Press, 2014), 148.

⁷ Laure-Hélène Gouffran, “Les acteurs d’assistance: hôpitaux et élites urbaines à Marseille à la fin du Moyen Age,” *Mediterranea* 36 (2016): 75-92.

⁸ According to Edouard Baratier, it is likely that the rectors of the hospital were also in responsible for the maintenance of the bridges that connected the island with the two shores, “La fondation de l’Île Saint-Geniès (XIe-XIIIe siècles),” *Provence Historique* 14 (1964): 33. For a study of hospitals connected with bridges, see Marguerite Nice Boyer, “The Bridgebuilding Brotherhoods,” *Speculum* 39.4 (1964): 635-650.

⁹ *Lo Thesaur*, I VI, f. 57v: *Item, una letra en pargamin, data en lo castel de Fos, l’an .MCXCIII. del mes de febrer, contenen comsi lo senhor rey d’Aragon, marques de Prohensa, prese n sa protection e salvagarda la maison e l’espital del pont de Sant Ginieys*. Fabre dates this document to 1304, *Histoire des institutions de bienfaisance* I, 46.

Geniès are named alongside Saint-Esprit in the 1211 charter that placed them under the protection of Hugh des Baux and in the exhortation to charitable giving issued by the bishop of Aix in 1212.¹⁰ The choice of the island of Saint-Geniès as the location for a daughter house appears to have been strategic.¹¹ As Baratier has noted, “dans une ville commerçante, les impératifs économiques s'unissent constamment aux motifs politiques. Parallèlement à leurs efforts pour l'indépendance communale, les marchands marseillais essayent d'acquérir sur la côte provençale des points d'appui pouvant favoriser leur expansion commerciale,”¹² and the island of Saint-Geniès, valued primarily for its fisheries, played a key role in this communal expansion of Marseille. The presence of a marseillais institution in Saint-Geniès can, perhaps, thus be seen as an expression of the city's claim to the island and its resources in this period.

In other ways, then, the history of Saint-Esprit is a history of its time and place. Terpstra has noted that the confraternities of late medieval Italy were structured on a common model; this model “had a common vocabulary of rituals structured by a common grammar of conditions, expectations, and relations, but the language was always spoken in a dialect. The confraternities were as thoroughly a part of the history of their own towns and cities as they were manifestations of peninsular and even European phenomena.”¹³ In the same way, the Hospital of Saint-Esprit operated within the common vocabulary of late medieval charity and civic religion, but spoke in a dialect unique to late medieval Marseille.

This dialect can be heard not only in the institutional expressions of civic religion but,

¹⁰ *Lo Thesaur*, I XV, f. 58v: *Item, una letra en pargamin de mosen l'evesque d'Ayys e sagellada de son sagell pendent, dada a Ayys, l'an .MCCXII., a .VI. idus d'ahost; conten comsi l'espital de Sant Sperit de Masselha comenset lo pont, la gleya e l'espital de Snat Ginieys; e per so donava .V. jorns de perdon a-tota persona que ben li feses*

¹¹ A daughter house was also founded in Aubagne, though no documentation survives regarding its foundation. Its appearance in Saint-Esprits accounts and acts will be discussed below.

¹² Baratier, “La fondation de l'Île Saint-Geniès,” 32-33.

¹³ Terpstra, *Lay Confraternities and Civic Religion in Renaissance Bologna* (Cambridge: Cambridge University Press, 2009), xvii-xviii.

also, in the needs to which the Hospital of Saint-Esprit responded; like its institutional history, the nature of need evinced by the hospital's records is both symptomatic of broader social issues and a product of its place, in this case, a major port city in the Mediterranean. Perhaps the most apparent of these needs was poverty. As noted above, hospitals proliferated in cities because, as Terpstra has argued, "towns and cities were far more stratified socially and politically than rural areas, making them far more reliant on civic religious institutions and rituals that promoted cohesion, unity, or healing; these were common goals, even if not commonly achieved in full."¹⁴ Poverty was a constant feature of the urban landscape, where the poor had characteristics that distinguished their experience from that of the rural poor; this included vulnerability to fluctuations in an uncontrolled market economy and low-paid, irregular work.¹⁵ Consistent documentary references, in the municipal council records and notarial acts of Marseille, to the *paures de sant sperit* illustrate the construction – at least, at an official level – of the beneficiaries of the hospital's charity as poor, though this notion of poverty was as symbolic as it was literal, invoking the concept of the "poor of Christ" to draw parallels between the suffering of the poor and the suffering of Christ and, thus, establish the poor as worthy subjects of charitable care.¹⁶

The commercial decline of Marseille in the period under consideration must have contributed, at least in part, to poverty in the city. Though the hospital was founded in a period of political and commercial prosperity, by the fourteenth century, Marseille was a city in decline. The age of communal independence ended in 1252, with a treaty acknowledging the suzerainty

¹⁴ Terpstra, "Civic Religion," 148.

¹⁵ Little, *Religious Poverty and the Profit Economy*, 28.

¹⁶ For studies of attitudes toward the poor in the Middle Ages, see Michel Mollat, *The Poor in the Middle Ages: An Essay in Social History* (West Hanover: Yale University Press, 1986; Bronislaw Geremek, *The Margins of Society in Late Medieval Paris* (New York: Cambridge University Press, 1987); for an examination of experiences of the poor, see Sharon Farmer, *Surviving Poverty in Medieval Paris: Gender, Ideology, and the Daily Lives of the Poor* (Ithaca: Cornell University Press, 2001); Anne M. Scott, ed., *Experiences of Poverty in late Medieval and Early Modern England and France* (Burlington: Ashgate, 2012).

of Charles I of Anjou, Count of Provence and Forcalquier, over Marseille. This allegiance cast the city into a century-long conflict between the Angevins and the Catalans, sparked by the Sicilian Vespers, in which the Angevins lost Sicily. The constant warfare took its commercial toll on the city. Warships to aid the Angevin cause displaced commercial vessels in Marseille's shipyards. According to Baratier, "Marseille, transformée en port de guerre et en nids de pirates, devient un simple avant-port d'Avignon."¹⁷ As Smail has argued, however, the commercial decline in the wake of the Sicilian Vespers was a symptom of a greater decline precipitated by the collapse of the fairs in Champagne and the loss of the Levantine kingdoms in the seventh crusade, which "effectively sealed off Mediterranean markets to the merchants of Marseille."¹⁸ Perhaps most telling, while one notarial casebook from Marseille in 1248 contained over a thousand commercial acts, in the decade preceding 1348 there only 147 such acts.¹⁹ Commercial activity, in the fourteenth-century port city, furthermore, was plagued by the threat of piracy. Although the municipal council responded to the threat with armed boats, the fact that family members of captives continued to petition the council for ransom suggests that it was not able to eliminate entirely the threat.²⁰ We might assume that the commercial decline created a certain level of financial insecurity in the city.

But, as Mollat has argued, urban poverty was more than economic; it had a social dimension, also.²¹ Chiffolleau's analysis of the causal relationship between urbanization and the evolution in funerary practices highlights the effects of urbanization on social communities. His

¹⁷ Baratier, "Croisés, voyageurs, et commerçants (XI^e-XIV^e siècle)," in *Documents de l'histoire de la Provence*, ed. Edouard Baratier (Toulouse, Privat, 1971), 142.

¹⁸ Daniel Lord Smail, "Mapping Networks and Knowledge in Medieval Marseille, 1337-62: Variations on a Theme of Mobility" (PhD diss., University of Michigan, 1994), 21.

¹⁹ Smail, *Mapping Networks and Knowledge in Medieval Marseille*, 22.

²⁰ Susan McDonough, *Witnesses, Neighbours, and Community in Late Medieval Marseille* (New York: Palgrave MacMillan, 2013), 19.

²¹ Mollat, *The Poor in the Middle Ages*, 5.

analysis of testaments in the period of the Black Death has revealed an urban/rural distinction characterized by a preference, in the city, for elaborate funerary ritual and for burial in crypts in churches and hospitals, rather than local cemeteries, which he argues are “protestations mélancoliques ... contre cette solitude que l’urbanisation, les migrations, la crise démographiques imposent aux habitants des villes.”²² Urbanization uprooted individuals from their social communities and left them vulnerable, both in this life and the next; funerary processions and burial in crypts ensured a community to commemorate and pray for the deceased, a function fulfilled, in a rural setting, by families.

Yet, as scholarship on urban life has demonstrated, individuals, in the absence of traditional kinship ties, fostered their own social networks in cities. According to Lester K. Little, “neighbourhoods, parish churches, and guilds provided groups in which urban dwellers could gain feelings of belonging, friendship, and identity in the midst of an environment where they had daily contact with strangers.”²³ Literature on confraternities has demonstrated that such organizations functioned as a sort of surrogate family for those who lacked traditional kinship bonds.²⁴ And research on women in the city has revealed that individuals often formed and relied on informal networks for social support in the city.²⁵ Hospitals fulfilled a similar social function

²² Jacques Chiffolleau, *La comptabilité de l’au-delà : Les hommes, la mort et la religion dans la région d’Avignon à la fin du Moyen Âge* (Rome : École française de Rome, 1980), 211.

²³ Lester K. Little, *Religious Poverty and the Profit Economy in Medieval Europe* (Ithaca: Cornell University Press, 1978), 25.

²⁴ See, for example, Joëlle Rollo-Koster, “Death and the Fraternity. A Short Study on the Dead in Late Medieval Confraternities,” *Confraternitas* 1:9 (1999): 3-12,” and Chiffolleau, “Les confréries, la mort et la religion en Comtat Venaissin à la fin du Moyen Âge,” *Mélanges de l’École française de Rome. Moyen-Âge, Temps modernes* 91:2 (1979): 785-825; Lucie Laumonier, “Les confréries de dévotion dans le Midi de la France. Le cas de Montpellier (XIIe—XVe siècle),” *Cahiers de recherches médiévales et humanistes / Journal of Medieval and Humanistic Studies* 34 (2017): 397-448.

²⁵ See, for example, Sharon Farmer, “Down and Out and Female Down and Out and Female in Thirteenth-Century Paris,” *American Historical Society* 103 (1998): 345-372; Kathryn Reyerson, *Women’s Networks in Medieval France: Gender and Community in Montpellier, 1300-1350* (New York: Palgrave MacMillan, 2016), and Andrée Courtemanche, *La richesse des femmes. Patrimoines et gestion à Manosque au XIV^e siècle* (Montreal: Bellarmin, 1993).

in the late medieval city, though they served, especially, those who existed outside other urban networks.

Sometimes, the social rootlessness of those who sought care at Saint-Esprit was a result of the high rate of transience of the port city. An analysis of the individuals who sought care at Saint-Esprit reveals that many arrived in the city by way of the sea, as galley rowers, and thus suffered a social rootlessness borne of physical dislocation from their social communities. As Daniel Le Blévec has argued, “voyager est entreprise périlleuse” that deprived individuals of their families and other communities of support.²⁶ The frequency with which galleys appear in the hospital records illustrates the extent to which the rhythms of the port shaped the nature of need in the city.

Analysis of the kind of care that the hospital provided underscores its social function in the community. The brothers and sisters, in many ways, fulfilled the physical and spiritual functions normally performed by families: they tended to the physical ailments of the sick and wounded, clothed the poor, and ensured baptism of abandoned infants and proper funerary ritual for the dead. Through the performance of the seven corporal works of mercy, they provided a community for those who lacked one in the city and, through prayer and commemoration of the deceased, they incorporated into a community in the afterlife those who lacked one in this life.

The Hospital of Saint-Esprit thus filled vital functions in the community and as a community in late medieval Marseille. This study tells the social history of an institution in order to understand the space – ideological, physical, and social – that it occupied in the city. Such an approach reveals that Saint-Esprit was not simply an instrument of religious and civic authorities; it was able to fulfil these functions because it was valued in society for the work that

²⁶ Le Blévec, *La part du pauvre* I, 305

it performed providing care and community to the socially uprooted in Marseille.

The Sources

This study relies on the first forty-four registers from the E series in the H-dépôt (HD) conserved in the Archives départementales des Bouches-du-Rhone, which covers the period between 1306 and 1457. The H-dépôt contains the records of forty-four different hospitals, primarily from the Ancien Régime. Five of these forty-four fonds concern hospitals founded in the medieval period. The records of the Hospital of Saint-Esprit (1 HD) are divided into eight series, which include:

- 1 HD A: Acts of foundation, privileges, cartularies²⁷
- 1 HD B: Acts concerning property, goods, and revenue
- 1 HD C: Ecclesiastical documents²⁸
- 1 HD D: “Libre del Tresaur”²⁹
- 1 HD E : Accounts
- 1 HD F: Inputs and outputs; service
- 1 HD G: Daughter institutions³⁰
- 1 HD H: Miscellaneous

This study focuses primarily on the E series, the financial accounts of the institution. The table below outlines the dates represented in each register:

1 HD E series	
Register	Date
1 HD E1	1306
1 HD E2	1330-1331
1 HD E3	1331-1332
1 HD E4	1331-1333
1 HD E5	1332-1333
1 HD E6	1333-1334
1 HD E7	1338-1339
1 HD E8	1340-1341

²⁷ Does not survive

²⁸ Does not survive

²⁹ The *Libre del Tresaur* is an inventory, created by the notary Laurens Aycard, of all the charters and instruments of the hospital (such as donations, testaments, property transactions, etc.), and which is the subject of the extensive linguistic study, *‘Lo Thesaur del hospital de Sant Sperit’: Edition eines Marseiller Urkundeninventars (1399-1511) mit sprachlichem und geschichtlichem Kommentar unter besonderer Berücksichtigung des Rechtswortschatzes*, by Martin-Dietrich Glessgen (Tübingen : M. Niemeyer, 1989).

³⁰ In this case, the Hospital of Aubagne (two bundles)

1 HD E 9	1341-1342
1 HD E 10	1348-1349
1 HD E 11	1349-1350
1 HD E 12	1357-1358
1 HD E 13	1363-1365
1 HD E 14	1364-1365
1 HD E 15	1365-1366
1 HD E 16	1367-1368
1 HD E 17	1369-1372
1 HD E 18	1374-1382
1 HD E 19	1397-1398
1 HD E 20	1398-1399
1 HD E 21	1398-1399
1 HD E 22	1402-1403
1 HD E 23	1402-1403
1 HD E 24	1403-1404
1 HD E 25	1407-1408
1 HD E 26	1408-1409
1 HD E 27	1408-1409
1 HD E 28	1409-1411
1 HD E 29	1414-1416
1 HD E 30	1416-1417
1 HD E 31	1417-1419
1 HD E 32	1417-1419
1 HD E 33	1422-1427
1 HD E 34	1423-1424
1 HD E 35	1425-1426
1 HD E 36	1429-1430
1 HD E 37	1430-1435
1 HD E 38	1435-1442
1 HD E 39	1443-1444
1 HD E 40	1434-1435 ³¹
1 HD E 41	1444-1445
1 HD E 42	1442-1449
1 HD E 43	1449-1450
1 HD E 44	1457-1458

As the table illustrates, the majority of the registers contain the hospital's finances for one year, though they do not represent every year of the 152 years under consideration. The greatest lacuna exists between registers 1 HD E 1 and 1 HD E 2. These forty-five registers do not exhaust the

³¹ The archival inventory records the year of this register as 1414. *Inventaire sommaire. 1 HD: Hôpital du Saint Esprit*, F. André, 1872; *Supplément*, Villard and Baratier, 1949-1950.

extant documentation for the period under consideration; the registers analyzed provide a representative sample of the extant documentation, and the choice to rely on a sample reflects a concern for diachronic breadth in the study.³² This diachronic breadth has been chosen over a synchronic analysis of a briefer period to consider the effects of the Black Death on the evolution and adaptation of the institution and its recordkeeping practices.

The records in 1 HD E are for the most part, well preserved.³³ They are written on paper in a vernacular hand and bound in registers ranging in length from fifteen to 150 folios. All of the registers are composed in Provençal, with the exception of twenty-eight folios in 1 HD E 26, the introduction to E 28, and all of E 43, which are written in Latin. While little direct evidence of their mode of production survives, certain differences between registers suggest that the majority are *in extenso* copies made from the original *imbreviature*. All of the registers are *in-quarto*, except three: E 1, E 18, and E 27, which are oblong, *in-folio*. These three registers also contain notable compositional differences. E 1 and E 18, especially, are composed in hastier hands and contain many abbreviations and cancellations.³⁴ The other forty-one registers contain few abbreviations, notations, and corrections. Both the physical and compositional differences between these three registers and the other forty-one suggest that the latter are likely *in extenso* copies made from *imbreviatura* versions like the former.

These documents record the hospital's daily incomes and expenditures for accountability purposes. The introduction to every register refers to what follows as *lo regiment del'espital de*

³² The author has read and documented the other account books from this period and, at times throughout the study, draws on them anecdotally. A significant portion of these registers are fragmented or have suffered significant water damage.

³³ The earlier registers, especially 1 HD E1, are worn and difficult to read.

³⁴ The composition of 1 HD E 27 is more ambiguous, as the hand is tidier than in 1 HD E1 and 1 HD E18, though the dimensions suggest that they are more likely the original notes than a copy made later.

sant esperit de maselha,³⁵ and records the election of the two new rectors by the magistrate (*viguièr*) and municipal council. The introduction to the 1365 register, for example, reads:

En nom de nostre senhor dieus e de madona santa maria maire siena e de tostz los sans e las santas de paradis e de salvament d'arma e de quos sia ament aquest quartolari es del regiment de sen bernat de quonquas e de johan johan rectos del espital de sant esperit de masselha sostz l'an mcccclxv a xxvii de novembre a ordenastz per lo quonselh e per lo viguièr de masselha que era adonc mosen jacme alba...³⁶

Evidence from late fourteenth-century accounts indicates that the rectors, at least sometimes, audited the accounts; a hospital administrator, in 1398, for example, noted that the rectors dined in the hospital to audit his accounts.³⁷ Each register is divided broadly into *receptas* and *despesas* (receivables and expenditures) and, increasingly from 1349 onward, contain tables of contents. The incomes and expenditures concern property transactions; charitable bequests (*almorna*, *laisa*) and distributions; institutional repairs; material necessities like food (*mesions de boqua*),³⁸ clothing, shoes (*mesions de sabatas*), and smaller, quotidian items (*mesions menudieras*); and wages and salaries for agricultural and viticultural labour (*mesions dellas vignas et dellas terras*), internal service (*mesions de messages*), wet nursing (*mesions de baillas*), and medical care; and are divided according by types of income/expenditure rather than by date (with the exception of the three registers discussed above, which are divided by date).³⁹ Registers from 1350, 1357, 1363, 1364, 1365, and 1367 also contain inventories of the hospitals moveable and, occasionally, immovable property.

Record keeping at Saint-Esprit underwent an apparent shift in the second half of the

³⁵ 1 HD E7 (fol. 1r), for example, begins with “*en l'an q[ue] hom co[n]ta mcccxxxviii a ii jor[n]s del mes de nove[m]bre jeu bernat de favas e bonet rainaut preze[m] lo regime[n]t del l'espital de sant esperit de maselha e d'albagna e fan ellegutz p[er] los vi prohomes e p[er] lo viguièr*”

³⁶ 1 HD E 15. f.2r

³⁷ 1 HD E 21, f.92r: *Item. lo jovis a xxii del dich mes despendien en carn que sa se digneron los senhors soperon per ausir mos contes*

³⁸ The records categorize food expenses under the heading “*mesions de boqua*,” which has no modern English equivalent, but translates literally to “expenses of mouth.”

³⁹ The Provençal terms provided appear in 1 HD E 2, among others.

fourteenth century. At this point, the accounts become longer, and attention is given to details that, before, seemed of little import to administrators who composed the records. Most notably, individuals begin to appear. Scribes note, in increasing detail, names, professions, ailments, and daily food purchases. Such details lend themselves to closer analysis than the terser entries of the early fourteenth-century records and, as a result, many of the conclusions of this study are skewed toward this period. It is impossible to discern whether this shift reflects a reformation of administrative practices at an institutional level or a broader reformation of *mentalité*.

This study also relies on the *Thesaur* of the Hospital of Saint-Esprit, translated by Martin-Dietrich Glessgen,⁴⁰ an inventory, composed in Provençal, of the charters and instruments concerning the Hospital of Saint-Esprit from its foundation to 1511. The inventory was compiled by three notaries in three different years: Laurens Aycart (1399/1401), Aventuron Rodet (1422/1423), and Johan de Morties (1511). This source is invaluable to the study of Saint-Esprit, as it records several inextant charters from the early years of the hospital, including those concerning its foundation.

Historiography and Methodology

The richness of this repository has attracted the attention of several scholars over the past 160 years, upon whose work this thesis builds. These works consider the history of Saint-Esprit, primarily from an institutional historical perspective. Most notably, in 1854, Augustin Fabre published his two-volume history of hospitals and charity in Marseille, *Histoire des hôpitaux et des institutions de bienfaisance de Marseille*.⁴¹ The first volume of this work relies heavily,

⁴⁰ Martin-Dietrich Glessgen, trans., “*Lo Thesaur del hospital de Sant Sperit.*” *Edition eines Marseiller Urkundeninventars (1399-1511) mit sprachlichem und geschichtlichem Kommentar unter besonderer Berücksichtigung des Rechtswortschatzes.*

⁴¹ Augustin Fabre, *Histoire des hopitaux et des institutions de bienfaisances de Marseille* (Marseille: Imprimerie et lithographie de Jules Barile, 1854).

though not exclusively, on the 1 HD E series for a description of the charitable institutions of pre-modern Marseille and is indispensable to a study of this medieval institution. With a broad institutional focus, Fabre provides an anecdotal survey of the hospital of Saint-Esprit, which he integrates into his *longue durée* history of charitable institutions in Marseille. In 1866, J.A.B. Mortreuil published a briefer, but similar work, *L'hôpital Saint-Esprit de Marseille: Ses origines. Sa première administration intérieure*. Mortreuil revisits the question of the foundation of Saint-Esprit from a revisionist perspective, incorporating notarial sources and charters located in other series of the ADBdR into his consideration of the 1 HD series to challenge Fabre's history of the hospital's foundation, a debate which will be discussed in more detail in subsequent chapters.⁴² The first (and largest) portion of Mortreuil's work considers in greater detail the 1 HD D series (the *Thesaur*), to which Fabre dedicates less attention. More recently, historians of the hospital of Saint-Esprit have moved away from institutional history. Paul Amargier, for example, revisited the 1 HD E series in a chapter in *Assistance et charité (Cahiers de Fanjeux 13)*, "La situation hospitalière à Marseille," which adopts a more social-historical perspective to elaborate, briefly, on the work of the nineteenth-century historians.⁴³ In 1989, the *libre del Thesaur* was the subject of the extensive linguistic study, '*Lo Thesaur del hospital de Sant Sperit*': *Edition eines Marseiller Urkundeninventars (1399-1511) mit sprachlichem und geschichtlichem Kommentar unter besonderer Berücksichtigung des Rechtswortschatzes*, by Martin-Dietrich Glessgen.⁴⁴ More recently, Francine Michaud included the Hospital of Saint-Esprit in her analysis of

⁴² J.A.B. Mortreuil, *L'hôpital Saint-Esprit de Marseille: Ses origines. Sa première administration intérieure*. Mém. de l'Académie de Marseille, vol. 28, 1866.

⁴³ Paul Amargier, "La situation hospitalière à Marseille." *Assistance et charité: Cahiers de Fanjeux 13* (1978): 139-260

⁴⁴ Martin-Dietrich Glessgen, "*Lo Thesaur del Hospital de Sant Sperit*": *Edition eines Marseiller Urkundeninventars (1399-1511) mit sprachlichem und geschichtlichem Kommentar unter besonderer Berücksichtigung des Rechtswortschatzes* (Tübingen : M. Niemeyer, 1989).

attitudes toward the poor as expressed in medieval marseillais testaments.⁴⁵

This study is a social history of an institution. Like the earlier scholarship noted above, it tells the story of an institution that provided care, but it also brings to the foreground the recipients of this care to understand the social function of the hospital in Marseille, applying the methods and perspectives of social historians of the poor in the Middle Ages. In the 1980s, the poor emerged as subjects of historical study. Scholars like Michel Mollat and Bronislaw Geremek explored the socio-cultural constructions of and attitudes toward the poor, inspiring an historiography of the less visible and the marginal in medieval society.⁴⁶ Simultaneously, charitable institutions that had, in the nineteenth century, attracted the attention of institutional historians reappeared as a lens through which to view medieval responses to the poor. Historians including Jacqueline Caille, Jean Imbert, Miri Rubin, Annie Saunier, Carole Rawcliffe, and James Brodman conducted comprehensive studies of medieval hospital charters, instruments and, sometimes, accounts, from various cities to highlight local trends in charitable caregiving,⁴⁷ while scholars such as John Henderson and Peregrine Horden used these same records to elucidate the nature of care provided by these institutions.⁴⁸ More recently, historians have shifted away from attitudes toward the poor and attempted to reconstruct the experiences of the

⁴⁵ Francine Michaud, "Le pauvre transformé : Les hommes, les femmes et la charité à Marseille, du XIII^e siècle jusqu'à la Peste Noire," » *Revue historique* 650 (2009) : 243-290.

⁴⁶ Michel Mollat, *The Poor in the Middle Ages: An Essay in Social History* (West Hanover: Yale University Press, 1986); Bronislaw Geremek, *The Margins of Society in Late Medieval Paris* (New York: Cambridge University Press, 1987).

⁴⁷ Jacqueline Caille, *Hôpitaux et charité publique à Narbonne au Moyen Âge de la fin du XI^e à la fin du XV^e siècle* (Toulouse : Privat, 1978); Jean Imbert, *Les hôpitaux en France* (Toulouse : Privat, 1982); Miri Rubin, *Community and Charity in Medieval Cambridge* (New York: Cambridge University, 1987); Annie Saunier, "*Le pauvre malade*" dans *le cadre hospitalier médiéval : France du nord, vers 1300-1500*, (Paris : Éditions Arguments, 1993); Carole Rawcliffe, *Medicine for the Soul: The life, death, and resurrection of an English medieval hospital, St. Giles's, Norwich, c. 1249-1550*, (Stroud: Sutton, 1999); James Brodman, *Charity and Welfare: Hospitals and the Poor in Medieval Catalonia* (Philadelphia: University of Pennsylvania Press, 1998).

⁴⁸ John Henderson, *The Renaissance Hospital: Healing the Body and Healing the Soul* (London: Yale University Press, 2006); Peregrine Horden, *Hospitals and Healing from Antiquity to the Later Middle Ages* (Burlington: Ashgate, 2008).

poor themselves. In 2002, Sharon Farmer used miracle stories contained in the canonical inquest of Saint-Louis to access the experiences of the urban poor in medieval France.⁴⁹ Her work diversified the image of medieval poverty through her employment of gender as an analytical lens, while Mark Cohen's analysis of the Cairo Geniza has shed light on Jewish experiences of poverty in the Middle Ages.⁵⁰

As noted above, scholars have also considered medieval hospitals and confraternities as manifestations of the civic religion that developed in the later Middle Ages. David Herlihy first articulated this concept in his social history of medieval Pistoia to capture the new "social consciousness" that found increasing expression in the lay spirituality of the region. Historians like André Vauchez, Daniel Bornstein, and Nicholas Terpstra have employed Herlihy's concept of civic religion to elucidate the relationship between charitable institutions and their political contexts in late medieval and early modern cities,⁵¹ refining its application to connote "l'ensemble des phénomènes religieux - cultuels, dévotionnels ou institutionnels - dans lesquels le pouvoir civil joue un rôle déterminant, principalement à travers l'action des autorités locales et municipales."⁵²

This study combines these two historiographical perspectives – hospitals as a lens through which to view the poor, and hospitals as expressions of civic aspirations – to conceive broadly of the space that the Hospital of Saint-Esprit occupied in the society of late medieval

⁴⁹ See, also, Christopher Dyer and Susan McDonough,

⁵⁰ Mark Cohen, *The Voice of the Poor in the Middle Ages: An Anthology of Documents from the Cairo Geniza* (Princeton: Princeton University Press, 2005).

⁵¹ André Vauchez, "Introduction," in *La religion civique à l'époque médiévale et moderne, Chrétienté et Islam*, ed. André Vauchez (Rome: Ecole française de Rome, 1995), 1-5; Daniel Bornstein, "Civic Hospitals, Local Identity, and Regional States in Early Modern Italy," in *Faith's Boundaries: Laity and Clergy in Early Modern Confraternities*, ed. Nicholas Terpstra et al. (Turnout: Brepols, 2012), 3-22; Terpstra, "Civic Religion," in *The Oxford Handbook of Medieval Christianity*, ed. John Arnold (Oxford: Oxford University Press, 2014), 148-165. . See, also, Daniel Le Blévec, *La part du pauvre: L'assistance dans les pays du Bas-Rhône du XII^e siècle au milieu du XV^e siècle I* (Rome: École française de Rome, 2000), 290.

⁵² Vauchez, "Introduction," 1.

Marseille. To do this, it divides the narrative into two parts that correspond, roughly, to the civic and the social. Part One concerns the hospital *in* the community and seeks to understand its role in the city. It is comprised of two chapters that divide, artificially, the constituent elements of “civic religion” – the civic and the religious. Chapter One examines the religious currents that shaped the Hospital of Saint-Esprit and pays particular attention to the evolution of the poor in Christian ideology, both broadly and in Marseille, more specifically. Chapter Two considers Saint-Esprit as an expression and, at times, realization of civic aspirations. Part Two of this thesis shifts the analytical perspective to the social aspects of the hospital to elucidate the role of Saint-Esprit *as* a community. It comprises three chapters. While Chapter Three examines the institutional framework in which care was provided, Part Two then breaks with the earlier historiography of medieval hospitals to focus less on the institutional aspects of the hospital and more on the individuals whom it served. The final two chapters correspond with the two primary groups to whom Saint-Esprit offered care: the sick poor and the abandoned infants of the city. Chapter Four focuses on the former, attempting to construct, almost inversely, a profile of need from the kind of care that Saint-Esprit provided. This examination reveals that the hospital created a community for those who lacked networks in the city, tending to the physical, social, and spiritual needs in this life and incorporating them into a Christian community in the afterlife. The final chapter examines the hospital’s care for the abandoned infants of Marseille. The nature of the care that they provided for these infants underscores the role that the hospital played as a community for those who sought care within its walls.

This thesis, thus, seeks to tell a history of need, of the individuals who experienced it, and of attitudes toward it. As a social history of an institution, however, it can access these individuals only as expressions of institutional priorities. It is, then, as much a history of the

records as it is of those who were recorded. Administrators recorded the details of the individuals in an accounting of resources and thus did not preserve the voices of those who experienced poverty and marginality in medieval Marseille. Since hospital administrators presented their accounts to the rectors for audit, their records, in some ways, were a justification as much as an accounting of spending; the manners in which they constructed the individuals for whom they cared, then, can be understood as a reflection of cultural priorities. Both the details that the administrators recorded and the silences they preserved shed light on attitudes toward the poor and marginal, and the greater attention administrators paid to these details in the late fourteenth century reveals an evolution of these attitudes over time. But if this thesis is unable to access the lived experience of poverty, it can retrieve certain circumstances and situations of the poor and marginal who received care at the Hospital of Saint-Esprit in the later Middle Ages. Although the choice to record, for example, the places of origin and professions of some of the patients may reflect institutional priorities, they also provide access to the situations that existed outside of the constructions; we can learn, for example, from various notes about the arrival of sick galley rowers from other countries that the hospital provided care for vulnerable individuals without community in the city. Thus, by attempting to put into conversation what Michel-Rolph Trouillot refers to as the “narrative” and “process” of history, the thesis examines situations of and attitudes toward the sick poor and marginal to understand the space the Hospital of Saint-Esprit occupied in late medieval Marseille.⁵³

A note on dates and currencies

Dates: The hospital records often only note the date once, at the beginning at the register, and it is difficult to discern on what date the new year began. According to Smail, the new year

⁵³ Michel-Rolph Trouillot, *Silencing the Past: Power and the Production of History* (Boston: Beacon Press, 1995).

began in Marseille on 25 March.⁵⁴ While it seems that the year, generally, began around 25 March in the hospital records, it is difficult to discern whether it was 25 March, specifically, or Easter that marked the new year. It also seems that dating was less standardized in these records than in the records that Smail studied. The year 1416 (1 HD E 30), for example, began sometime between the end of December and the beginning of January – perhaps, on Christmas. All dates have been converted to the Roman calendar.

Currency: Hospital administrators operated in two groups of currencies; their currency of accounting, with few exceptions, was *liber*, *solidi*, and *deniers*; increasingly throughout the later fourteenth and early fifteenth century, their currency of transaction was *florins*, *gros*, and quarter *qros*. When transactions were conducted in the latter, they were converted to the former in the accounting column. 1 *lib.* valued 20 *s.*; 1 *s.* valued 12 *d.*; 1 *fl.* valued 32 *s.*, and 1 *gr.* valued at 3 *d.*

⁵⁴ Smail, *Legal Plunder: Households and Debt Collection in Late Medieval Europe* (Cambridge: Harvard University Press 2016), xv.

Part One: The Institutional History of Saint-Esprit

Chapter 1: The religious landscape: the role of the poor in medieval Christianity

1.1 Introduction

The Hospital of Saint-Esprit is an example of the municipalization of charity that found increasing expression in the late thirteenth- and early fourteenth-century Midi. The municipal council of Marseille oversaw its financial and legal administration and, thus, placed it firmly within the civic realm of Marseille. But this municipalization should not be confused with secularization. The hospital of Saint-Esprit typifies the concept of “civic religion,” and was as essentially religious as it was municipal. It was founded as an expression of lay piety and based on a reformulation of the role of poverty in Christianity; its internal regulation modelled monastic life; and its practices enacted a contemporary charitable imperative through its performance of the seven corporal works of mercy, which include feeding the hungry, giving drink to the thirsty, clothing the naked, harboring the harbourless, visiting the sick, ransoming the captive, and burying the dead

At the heart of the hospital’s vocation was a Christian concern to provide for the poor. This chapter examines the evolution of the concepts of poverty and charity in medieval Christianity in order to understand the ideological function of the hospital in marseillais society at this time. It approaches the subject from two perspectives: it traces Christian constructions of poverty, at a conceptual level, to understand the ideological underpinnings of Saint-Esprit’s function, and it examines the institutionalization of these concepts in Marseille in an attempt to recreate the religious landscape in which the hospital operated. Saint-Esprit can be seen as a realization of the later medieval Church’s emphasis on charitable caregiving as an expression of an active piety that simultaneously assuaged the plight of the poor and allowed individuals to

participate actively in the economy of salvation. But poverty had not always served this function in medieval Christianity. This chapter, thus, begins with an examination of the monastic roots of poverty in Christianity, which idealized the voluntary poverty of an ascetic life, before considering the reformulation of its place in Christian soteriology; this reformulation reflects a broader religious reformation – which will be examined in the context of mendicant orders and the rise of lay piety – that idealized active over contemplative piety, and conceived of the involuntary poor as worthy subjects of charitable giving. It concludes with a consideration of confraternities and hospitals, which institutionalized the charitable imperatives that characterized lay piety and which took on an increasingly civic character in the Midi, and, especially, in Marseille, the subject of the following chapter. The broad overview of attitudes toward charity and poverty, examined in this chapter, demonstrates that the concept of religious poverty evolved in the twelfth century from a subset of monastic asceticism into an identification of poverty with Christ, an association consolidated at Lateran IV with the formalization of the Acts of Mercy; to serve the poor, in this model of charity, meant to serve Christ. This new approach to poverty, thus, merged the old and new definitions of *caritas* that will be examined in this chapter.

1.2 Monasticism

The role of poverty in Christianity developed concomitantly with a reformulation of the classical concept of *caritas*, charity, in early Christianity. Religious charity, according to James Brodman, “was not just a set of institutions; it also encompassed an ideology that describes a distinctive vision of Christian life in the Middle Ages.”⁵⁵ The meaning of the Latin term *caritas* shifted within the context of the early Church; while its ancient Roman usage denoted individuals who were objects of benevolent expression, in early Christianity, charity came to

⁵⁵ Brodman, *Charity and Religion in Medieval Europe*, 9.

denote a love of God,⁵⁶ the expression of which would become a subject of debate throughout the Middle Ages. This section examines the reformulation of the idea of “charity” and its association with the concept of poverty in early Christianity.

In the fourth century, as Peter Brown has illustrated, the Classical concept of giving was reconceived within a Christian framework. While in the Classical context, the concept of giving idealized love of one’s city, in the Christian concept, it idealized love of the poor. This reconceptualization was not simply an assimilation of Classical practices into a Christian framework; it arose from an entirely new model of society that revised social relations and is, Brown argues, symptomatic of the decline of the Roman Empire. In the Classical period, benefactors gave in a world divided into citizens and non-citizens. According to Brown,

The community these public benefactors, the *euergetai*, addressed and helped to define through their generosity was, first and foremost, thought of as a ‘civic’ community. It was always the city that was, in the first instance, the recipient of gifts, or, if not the city, the civic community, the *demos* or the *populus*, of the city. It was never the poor. What one can call a ‘civic’ model of society prevailed. The rich thought of themselves as the ‘fellow citizens’ of a distinctive community – their city. It was their city they were expected to love. A rich man was praised for being a *philopatris*, a ‘lover of his home-city,’ never for being a *philoptôchos*, a ‘lover of the poor.’⁵⁷

Bishops, he claims, rose to power by claiming to act on behalf of the an evergrowing category of persons – the poor – and, in effect, “invented the poor.”⁵⁸ Jewish and Christian charity in late antiquity, which established the poor as the objects of their generosity, then,

was not simply one accustomed form of generosity among others, practiced with greater zeal than previously but not otherwise remarkable. It was a new departure...It was frequently represented as a challenge to the classical, pagan image of a ‘civic’ community. For it threw open the horizons of society. In a social world modeled on the structures of the classical city, only fellow-citizens needed to be clearly visible... In the new model,...society was seen as a single, all-embracing whole that included city and

⁵⁶ Brodman, *Charity and Religion in Medieval Europe*, 3

⁵⁷ Peter Brown, *Poverty and Leadership in the Later Roman Empire* (Hanover: University of New England Press, 2002), 5.

⁵⁸ Brown, *Poverty and Leadership in the Later Roman Empire*, 8.

countryside alike.⁵⁹

In this Christian model, the personal effects of giving extended beyond the present, material world by granting charity an active role in individuals' search for salvation.

This Christian idealization of giving to the poor was founded on Jesus' words to the Rich Young Man in Matthew 19:21, "Go, sell all that you have, and give to the poor;" interpretation of these words, however, inspired debate over the relationship between personal renunciation, the nature of the poor, and the salvation of the soul. Early theologians like Augustine believed that this prescribed renunciation need not be total, and that its beneficiaries were not the poor themselves, but the "poor of the Church,"⁶⁰ a formulation that allowed their gifts to benefit materially the communities in which they lived. Individuals who formed early monastic communities shared their wealth to support themselves and, thus, contributed to the wealth of the Church.

Provence arose, in the fifth century, as a primary space in which the early Christian debate surrounding personal renunciation took shape. According to Brown, the clergy and laity were especially closely linked in this region, and the close associations between proponents of asceticism and their affluent lay patrons inspired a long-lasting debate over the nature of true Christianity.⁶¹ John Cassian brought this debate to Marseille when, around 416, he arrived and founded first the monastery of Saint-Victor at the foot of a cliff where the bodies of several local martyrs were buried,⁶² and later the female monastery of Saint-Sauveur. Cassian sought to import from Egypt to Gaul what he conceived as the true imitation of the Jerusalem Community

⁵⁹ Brown, *Poverty and Leadership in the Later Roman Empire*, 6.

⁶⁰ Brown, *Through the Eye of a Needle: Wealth, the Fall of Rome, and the Making of Christianity in the West, 350-500 AD* (Princeton: Princeton University Press, 2012), 169.

⁶¹ Brown, *Through the Eye of a Needle*, 413.

⁶² Baratier, *Histoire de Marseille*, 48.

described in the Acts of the Apostles, which truly embraced ascetic ideals. From Cassian's perspective, the monks of Gaul, who lived off of the revenues of the Church, failed to embody the ascetic ideal institutionalized in the communities of Egypt. He sought to reform the compromised asceticism of Gaul through his marseillais monastery, where, for a monk to be received, he was required to participate in a ceremony of renunciation before entering the walls of the monastery. Brown suggests that "to surrender wealth was a *sine qua non*. But this dispossession was always seen as a synecdoche of a surrender of the self that was intended to be even more drastic than the surrender of personal wealth. Self and wealth were fused; true renunciation involved both."⁶³ John Cassian's writings, although intended for those with a religious vocation, rather than all Christians, illustrate an early Christian model of *caritas* – the love of God – as a contemplative piety centred, above all, on self-denial and prayer; monks, in their pursuit of a true Christianity, focused, first, on their own poverty and addressed only indirectly the needs of the involuntary poor in the process.

As Michel Mollat has articulated, however, "the monk who voluntarily became a pauper of Christ was drawn to the involuntary paupers (*pauperes invite*) and gave them what he could."⁶⁴ Saint Benedict, in particular, emphasized the importance of hospitality, especially toward paupers – who represented Christ – and it was the Benedictine Rule under which Saint-Victor came to operate. After playing a key role in the efforts to define Christianity through the voices of individuals like Cassian and, later, Salvian (c. 420-480) and establishing its place of prominence amongst the *sancti* of Provence, the monastery of Saint-Victor disappeared temporarily from the spotlight during a period of destruction in the ninth and early tenth centuries, although it rose again shortly after when, in 977, the bishop Honorat restored the

⁶³ Brown, *Through the Eye of a Needle*, 416.

⁶⁴ Mollat, *The Poor of Christ*, 45.

Benedictine life there.⁶⁵ The monastery's submission to the papacy in the eleventh century allowed the abbots to reconstitute their territorial fortune by obtaining from the first viscounts of Marseille and surrounding seigneurs the restitution of usurped goods and new donations. Having re-established their power in the city, the abbots of Saint-Victor became some of the greatest agents of the Gregorian reform.⁶⁶ According to Baratier, "le developpement de l'influence spirituelle et temporelle de Saint-Victor de Marseille montre l'importance grandissante des moines dans la reforme de l'Eglise, l'evangelisation et la reprise de l'activite economique en Provence."⁶⁷ More than thirty monasteries were placed under Saint-Victor for reformation, and Saint-Victor, as a result of its central role in this process, received donations and privileges confirmed by the successive bulls of Gregory VII (4 July 1079), Urban II (20 February 1089), Pascal II (23 April 1113), Innocent II (18 June 1135), and Eugene III (5 June 1150).⁶⁸ The monastery's persistent temporal pursuits, however, led to internal disorder and resultant papal sanctions in 1188 and, again, in 1199. Thus, although the monastery of Saint-Victor's institutionalization of almsgiving introduced the involuntary poor as objects of charity alongside the voluntary poverty of the monks themselves,⁶⁹ the temporal abuses to which they fell cast suspicion on their efforts. This suspicion persisted throughout the Middle Ages and, in 1391, the city council conducted an inquest into their administration of the almonry, whose actions had, in

⁶⁵ Baratier, *Histoire de Marseille*, 63.

⁶⁶ Victor-Louis Bourrilly, *Essai sur l'histoire politique de la commune de Marseille des origines à la victoire de Charles d'Anjou*. Annales de la Faculté des Lettres d'Aix, t. XII (Marseille: Imprimerie du "Sémaphore," Baratier: 1926), 10.

⁶⁷ Baratier, "Problèmes d'Eglise (XI^e-XIII^e siècle)," in *Documents de l'histoire de la Provence*, edited by Edouard Baratier (Toulouse: Privat, 1971), 99. This chapter contains several documents that illustrate the power and reach of the monastery of Saint-Victor throughout the eleventh century.

⁶⁸ Bourrilly, *Essai sur l'histoire politique de la commune de Marseille*, 10.

⁶⁹ Mollat suggests that the tenth-century institutionalization of almsgiving reflects the growing numbers of poor resulting from climatic disasters, scarcity, and epidemic, *The Poor in the Middle Ages*, 51.

the 1199 sanctions, been circumscribed by the papacy.⁷⁰

The twelfth-century attention to clerical abuses like those of the monastery of Saint-Victor transpired within a larger reform movement that sought to stamp out abuses amongst the clergy. In Marseille, these efforts were manifested in the foundation of new, reformed monastic institutions like the Premonstratensians in 1204⁷¹ and, later, the female Cistercians of Mont-Sion in 1242.⁷² The reforms highlighted the growing number of poor resulting from the population growth and urbanization of the period. According to Brodman, however, “the initial reaction of the ecclesiastical reformers to visible poverty in the twelfth century was to reemphasize their own voluntary poverty rather than try to ameliorate the need of those in distress.”⁷³ Writings on poverty began to distinguish between the conditions that underpinned one’s occupation of this state. Gerhoch von Reichersberg (1132-69), for example, distinguished between the *pauperes cum Petro*, among whom were counted the voluntary poor of the monasteries, and the *pauperes cum Lazaro*, the involuntary poor.⁷⁴ The monastic reform out of which grew the Premonstratensians and Cistercians of Marseille valorized the voluntary poverty of the ascetic life propounded so passionately by Cassian a half-millennium earlier. At the same time that these marseillais houses were institutionalizing this ideal, however, the call to apostolic action under Innocent III was bringing the involuntary poor into ever sharper focus.

1.3 Mendicants

The objectives of the twelfth-century reform extended beyond the clergy and, by the end

⁷⁰ *Inventaire sommaire des archives communales antérieure à 1790. Série BB*, t. 1 (Marseille: Imprimerie Moullot-Fils Aîné, 1909), 8. Despite the acknowledged abuses of this motherhouse, an examination of map no 73, “Les prieurés de Saint-Sauveur de Marseille et leur population monastique vers 1380,” in *Atlas historique: Provence, Comtat Venaissin, Principauté de Monaco, Principauté d’Orange, Comté de Nice* (Paris, 1969) reveals the extensiveness and persistence of its influence in the region.

⁷¹ Cite Palanque?

⁷² Baratier includes this house amongst the mendicant orders in Marseille in “Le mouvement mendicant à Marseille,” 187.

⁷³ Brodman, *Charity and Religion in Medieval Europe*, 15.

⁷⁴ Brodman, *Charity and Religion in Medieval Europe*, 15.

of the century, it aimed “to bring about the triumph of the religion not only *in capite*, at the head, but also *in membris*, among its members.”⁷⁵ Reform efforts seemed especially pressing in the face of the heterodox threats of sects like Catharism. The Church’s concern to edify the laity, in part, to combat these heretical threats, manifested most clearly in the canons of Lateran IV in 1215. The pastoral emphasis of this council signalled an idealistic turning point in Christian precept and practice, valorizing the apostolic action over the contemplation of monasticism. In response to the call to active piety, a new religious movement gained ground that redefined attitudes toward poverty in Christianity: the Mendicants. In Marseille, the Franciscans and Dominicans exercised significant pastoral influence in shaping local responses to the poor, as evinced by testamentary patterns in the pre-plague era.⁷⁶

Innocent III played a pivot role in the promotion of care for the poor over personal renunciation. The emphasis on active over contemplative piety that characterized this charitable imperative developed within the context of his continued struggle against the Albigensian threat. His *Libellus de eleemosyna* and *Encomium caritatis* prioritized active charity through almsgiving and other expressions. In *Libellus de eleemosyna*, for example, he argued that *bonum est jejunium, sed melior est eleemosyna, quia quod jejunium subtrahit, eleemosyna tribuit* (“abstention is good, but almsgiving is better, because that which abstention removes, almsgiving bestows”).⁷⁷ This comparison underscores the emphasis he placed on active contribution, rather than simple abstention, and contrasts markedly with the ideals of Bernard of Clairvaux, who asserted, a generation earlier, that “it is one thing to fill the belly of the hungry,

⁷⁵ Vauchez, *The Laity in the Middle Ages*, 98.

⁷⁶ This influence is explored by Francine Michaud in “Le pauvre transformé: les hommes, les femmes, et la charité à Marseille, du XIII^e siècle jusqu’à la Peste noire,” *Revue historique* 650 (2009): 243-290.

⁷⁷ PL 217: 752-762. Brodman considers this in *Charity and Religion in Medieval Europe*, 20.

and another to have a zeal for poverty.”⁷⁸ Innocent III’s idealization of active over contemplative piety marked a conceptual shift in medieval charity that developed more fully throughout the thirteenth century.

The pastoral efforts of the Fourth Lateran council in 1215 further exalted apostolic action over contemplation, promoting the education of the masses in an effort to stamp out the heresy fracturing Christendom. This ideological shift is reflected in the new model of sanctity that emerged in the thirteenth and fourteenth century, which canonized bishops, clergy, and laity “who had distinguished themselves by their desire to win souls for God,”⁷⁹ rather than monks. According to Vauchez, this pastoral effort was more than the reorganization of ecclesiastical structures. It relied on the power of the word, which had been eclipsed in the lived religion of the masses by ritual signs and gestures, and was “a radical transformation of the catechesis, based on the valorization of the word as an instrument of mediation and seduction.”⁸⁰ The centrality of preaching to the mendicant movement that took root in the midst of these reforms revived the evangelical word as the primary instrument of lay edification. According to Mollat, “mendicant friars were most zealous in carrying out the mission of educating the consciences called for by the Fourth Lateran Council,” as evinced by the diffusion of confessors’ manuals written by mendicants.⁸¹ Followers of Francis and Dominic relied on preaching to instill correct belief in the masses, and their manuals instructed confessors on the importance of confession, a central concern in the canons of Lateran IV.

The centrality of preaching in the mendicant orders characterizes their broader mission of *imitatio Christi*, an act they performed also – and inextricably – in their adherence to a new

⁷⁸ Bernard of Clairvaux as cited in Brodman, *Charity and Religion in Medieval Europe*, 15.

⁷⁹ Vauchez, *The Laity in the Middle Ages*, 99.

⁸⁰ Vauchez, *The Laity in the Middle Ages*, 100.

⁸¹ Mollat, *The Poor in the Middle Ages*, 129.

model of poverty. They embraced the traditional emphasis on voluntary poverty but, unlike monks, did not remove themselves from the world in order to practice it; in practicing voluntary poverty *in the world* they cast into relief the needs – and, also, the virtues – of the involuntary poor amongst them. Mollat argues that “mendicant teaching on poverty, though not innovative, did emphasize certain aspects of the Christian tradition of charity over others and gave additional impetus to the movement to aid the poor. Never before had the message of charity been broadcast so widely or enjoyed so elaborate a doctrinal foundation.”⁸² In so doing, they redefined the role of the poor in Christianity. Mollat suggests that,

In a society where money tended to augment the power of those who had it and to diminish the status of those who did not, their role was to preach that the poor have value as human beings, and indeed that they are sacred images of Christ. They started from Christ and reached out to the poor... This was something new: the poor and afflicted were valued for their intrinsic human and spiritual worth and not as mere instruments for the salvation of the wealthy. In the late twelfth century the phrase *vicarius Christi* had been applied to the pauper; also significant was the extension to all the afflicted of the phrase *pauperes Christi*, previously reserved for monks alone.⁸³

This new construction of the poor as *pauperes Christi* was shaped, in part, by an increasing emphasis placed on Christ’s humanity, rather than just his divinity, in the high and later Middle Ages. As Caroline Walker Bynum has demonstrated, “the God of early medieval writing and art is a judge and king, to whom propitiation is offered by the orders of monks presenting correct and beautiful prayers before countless altars...eleventh- and twelfth-century writers begin to stress Christ’s humanity, both in affective and sentimentalized responses to the gospel story and in a new compulsion to build into the Christian life a literal imitation of the

⁸² Mollat, *The Poor in the Middle Ages*, 130.

⁸³ Mollat, *The Poor in the Middle Ages*, 121. Brodman rejects characterizing the mendicant movement as a strict example of the *vita activa* that idealized care of the poor. He argues that, “mendicant sermons reveal two opposing views of charity and the poor. On the one hand, the *Summa de Penetencia* of Raymond of Penyafort and the *De erudition praedictorum* of Humbert de Romans, both Dominican friars, propose alms as among the remedies available to the sinner. On the other hand, however, sermons composed by less erudite friars, by arguing that the poor, precisely on account of the purgatory of their current sufferings, are more likely to reach heaven than the rich, seem to discourage charitable giving,” *Charity and Religion in Medieval Europe*, 31.

details of Jesus' ministry."⁸⁴ Suffering was integral to this emphasis on Christ's humanity, for, as Bynum has argued, "there may be warrant in the Christian tradition for seeing the resurrection as triumph over body, but ... medieval piety (at least in the fourteenth and fifteenth centuries) speaks far more urgently of life coming from death, of significance located in body, of pain and suffering as the opportunity – even the cause – of salvation."⁸⁵ Physical suffering, as an imitation of Christ's suffering, began to occupy a central role in constructions of sanctity, as evinced, for example, by the bodily sufferings – stigmata, sickness, an inability to eat – of so many late medieval mystics. And it was by their physical suffering that the sick and the poor came to be linked to Christ.

The mendicants, in their concern for *imitatio Christi*, reconceptualised poverty and charity and reshaped attitudes toward the poor through both their practices and their preaching on these subjects. By living amongst the poor and preaching their value, the mendicants cast into sharp relief the plight and the virtue of the urban poor, whose suffering linked them to the human suffering Christ and established them as ideal subjects of charitable giving. Their emphasis on charitable care for the *pauperes Christi* reflects the wider efforts of the Church to promote this agenda amongst its followers, as is illustrated by *acta* from the council of Nîmes that recommended to confessors the practice of charity as a remedy for the sin of avarice, which, according to Lester K. Little, replaced pride as the supreme sin as the rise of profit economy in cities created tensions between morality and society.⁸⁶ Mendicant orders, Little asserts, developed, in part, as a rejection of the consumption and avarice of a profit economy.

⁸⁴ Caroline Walker Bynum, *Jesus as Mother: Studies in the Spirituality of the High Middle Ages*, Publications of the Center for Medieval and Renaissance Studies, UCLA, 16 (Berkeley: University of California Press, 1982), 16.

⁸⁵ Bynum, *Fragmentation and Redemption: Essays on Gender and the Human Body in Medieval Religion* (New York: Zone Books, 2012), 117.

⁸⁶ Lester K. Little, *Religious Poverty and the Profit Economy in Medieval Society* (Ithaca: Cornell University Press, 1978), especially, 35-41.

A map in the *Atlas Historique de Provence* dedicated to the mendicant orders reveals the popularity of this movement in Marseille,⁸⁷ where mendicant orders were more numerous than in the rest of Provence.⁸⁸ While their presence was dense in Arles, with six houses, and Avignon, with seven, Marseille had the greatest number, at nine, a distribution perhaps unsurprising given its size. Baratier attributes this early arrival and comparatively high density to the commercial and demographic growth of the port and city in the thirteenth century. The Order of the Preachers, also known as the Dominicans, were the first to arrive in Marseille, having established houses there sometime before the official recognition of the order in 1225. The Franciscans, or Minorites, arrived shortly after; although Marseille provided fertile soil for the growth of this order, it also fostered the development of the heterodox Spirituals and, on 7 May 1318, four Spirituals were burned in the cemetery des Accoules. Sometime before 1248, both the frères des Aygalades (Carmelites) and the Friars of the Sack (the Friars of the Order of the Penitence of Jesus Christ) established houses in the city. By 1260, the movement in Marseille counted amongst its houses those of the Order of the Brothers of the Blessed Virgin Mary and the Augustinians. The female mendicant orders included the Poor Clares (1254), the Repentants (before 1260) – an order which responded to the prevalence of prostitution in Marseille –, and the Dominicans nuns (1286).⁸⁹

The popularity of the mendicant message in Marseille to which this density of local orders attests is further illustrated by the local veneration of individuals like Hugues de Digne who preached these ideals. Hugues de Digne (c. 1205-1256) headed the Franciscan houses in Marseille and, later, founded the Friars of the Sack (first in Hyères, then in Marseille). His tomb

⁸⁷ Baratier and Georges Duby, *Atlas Historique de Provence* (Paris, 1969), map no 78.

⁸⁸ Baratier, “Le mouvement mendiant à Marseille,” *Cahiers de Fanjeaux* 8, *Les mendiants en Pays d’Oc au XIII^e siècle* (1973): 177.

⁸⁹ The above dates and details derive from Baratier, “Le mouvement mendiant à Marseille.”

in the Franciscan church became a popular site of veneration in the Middle Ages. In a description of the local saint, Salimbene di Adam (1221-1290) focuses on the role of the spoken word in Hugues' mission, describing how "il entortillait tout le monde, il raisonnait sur tous les sujets. Il avait la parole facile, la voix éclatante comme le son de la trompette, le fracas du tonnerre et les eaux se précipitant en cascades."⁹⁰

Michaud's study of marseillais testamentary practices from the thirteenth century to the Black Death reveals the influential role that this mendicant preaching played in shaping local attitudes toward *caritas*. She suggests that the increase in the number of people who were writing wills after 1277 in Marseille resulted not only, as John Pryor has argued,⁹¹ from the flourishing of notarial culture at the end of the thirteenth century, but, also, from the mendicant presence that abounded in the city in this period.⁹² The pastoral influence of these orders manifests most apparently in the increasing tendency to name in wills individual confessors from one of the mendicant houses in the city, accounting for 69% of citations. Testamentary patterns suggest that the mendicant message – particularly that of the Franciscans – impressed more powerfully upon women than men,⁹³ as women were more likely to identify a Franciscan confessor as an object of charity or mediator and to choose a Franciscan cemetery as their final resting place, tendencies which suggest "une réceptivité féminine de qualité exceptionnelle à la pastorale franciscaine."⁹⁴ According to Michaud, the increasing frequency with which women participated in testamentary

⁹⁰ Salimbene d'Adam as cited in Baratier, *Documents de l'histoire de la Provence*, 119.

⁹¹ John Pryor, *Business Contracts of Medieval Provence. Selected 'Notulae' from the Cartulary of Amalric of Marseilles, 1248* (Toronto: Pontifical Institute of Mediaeval Studies, 1981).

⁹² Michaud, "Le pauvre transformé: les hommes, les femmes et la charité à Marseille, du XIII^e siècle jusqu'à la Peste noire," *Revue historique* 650 (2009): 253.

⁹³ Susan McDonough suggests, furthermore, that "mendicant ideals about familial responsibility also made an impression on the city's population," as female self-fashioning in the Marseillais court records reflects Franciscan ideals about motherhood, *Witnesses, Neighbours, and Community in Late Medieval Marseille* (New York: Palgrave MacMillan, 2013), 79.

⁹⁴ Michaud, "Liaisons particulières? Franciscans et testatrices à Marseille (1248-1320)," *Annales du Midi* 104 (1992): 17.

practices in Marseille – a phenomenon practically unknown in the rest of Latin Christendom – illuminates, also, the flourishing of lay piety in the region.⁹⁵ This expression of lay piety, like the mendicant movement, was characterized by an outward expression of charity that suggests that the concept of the involuntary poor as *pauperes Christi* was firmly rooted in lay mentality.

1.4 Lay Piety

André Vauchez, in his study of lay piety in the Middle Ages, argues that, “beyond any particular sets of circumstances that might be offered in explanation, the growth of the laity’s role in the Church seems...to be related above all to the rehabilitation of the active life in Christian spirituality.”⁹⁶ The Church’s call to active piety created a space in which individuals could adapt to a lay setting the pious pursuits earlier circumscribed by the walls of a monastery. Lay piety, which began to take shape at the end of the twelfth century and witnessed its height in the fourteenth and fifteenth centuries, arose first in the Mediterranean as a result of the early urbanization – and the resultant social dislocation that created a new class of urban poor – and the unique sociopolitical systems of the region. In Provence, as elsewhere in the Mediterranean, it manifested in the foundation of béguinages and tertiary orders, the development of a lay model of sanctity, and the rise of confraternities. All pivoted around a central concern for care for the poor and their role in individuals’ search for salvation.

The life of Douceline (1215-1274) typifies the development of lay piety in the period. Douceline, the sister of the founder of the Friars of the Sack, Hugues de Digne, organized a group of pious lay women in an informal religious community – a béguinage – in Hyères. According to her *vita*, these women were moved to join her by her charitable spirit, as, “at that time, there was no house of beguines, and no one had heard of them in Provence. And a

⁹⁵ Michaud, “Le pauvre transformé,” 254.

⁹⁶ André Vauchez, *The Laity in the Middle Ages: Religious Beliefs and Devotional Practices*, edited by Daniel Bornstein (Notre Dame: The University of Notre Dame Press, 1993), xviii.

marvelous thing happened to her at the town of Hyères. It was her custom to visit the hospitals often, to serve the sick with great love, and to do her best to comfort them. Moved by her example, many other women would accompany her to do these works for the love of God.”⁹⁷ In 1250, on her brother’s encouragement, she expanded her efforts to Marseille, where she established a *béguinage* at the intersection of rues Longue des Capucins and des Convalescents.⁹⁸ Although little is known about the origins of this movement, which arose from no single founder and took root in Germany, the Low Countries, and France, it likely developed as a practical response to women’s original exclusion from the reformatory efforts of the Premonstratensians and the Cistercians.⁹⁹ Unlike the mendicants, the beguines neither entirely renounced their material wealth nor operated within a formal Rule; instead, this “common life was pursued halfway between the rules of religious orders and the freedom of laymen. The beguine, like the recluse, submitted to spiritual direction of curés and chaplains; yet she resided, according to her fortune and social status, in a common house or her own dwelling, which she eventually willed to the community.”¹⁰⁰ An excerpt from Douceline’s *vita* illuminates the nature and objectives of this informal order, which was bound, above all, by a charitable vocation; addressing her fellow beguines, Douceline tells them:

Vous êtes ici rassemblées, mes filles, dans l’amour du Christ et le Christ vous a liées en sa charité. Tous les autres Saints Ordres ont un lien très fort, leur règles; mais vous autres, disait-elle, le seul lien qui vous unit, c’est la charité. Cette pauvre cordelette, la charité du Christ, vous a ainsi unies, car il n’est pas de lien plus fort dans aucune règle...Restez-unies, mes filles, dans l’amour du Seigneur car *en l’amor de Christ est aissi acampadas e Christ vos a liadas en la sieu caritat*.¹⁰¹

⁹⁷ Kathleen Garay and Madeleine Jeay, *The Life of Saint Douceline, a Beguine of Provence* (Cambridge: D.S. Brewer, Boydell & Brewer Ltd., 2001), 29.

⁹⁸ Baratier, “Le mouvement mendiant à Marseille,” 190.

⁹⁹ Kathleen Garay and Madeleine Jeay, *The Life of Saint Douceline, a Beguine of Provence*, 3.

¹⁰⁰ Ernest McDonnell, *The Beguines and Beghards in Medieval Culture. With special emphasis on the Belgian Scene* (New York: Octagon Books, 1969).

¹⁰¹ Baratier, “Le mouvement mendiant à Marseille,” 191. I have chosen to cite from this source, rather than the English translation, because it maintains a part of the original Provencal, which uses the term “*caritat*.” The Garay and Jeay translation, *The Life of Saint Douceline, a Beguine of Provence*, 74, renders this as “love of Christ.”

Douceline died in 1275 and was buried next to her brother in the Franciscan church. According to legend, when she died, her clothes were torn apart by a crowd eager to obtain a relic, and her tomb quickly became a popular site of veneration. In 1307, when Louis d'Anjou – the son of Charles II who was canonized in 1317 – died, he requested to be buried in the church, next to Hugues de Digne and Douceline.¹⁰² Putting aside the inherent shortcomings of hagiography as an historical source, Douceline's words (whether her own or not) and their favourable reception valorized an active charitable imperative that centered around care for the poor, more than a voluntary renunciation institutionalized in monastic Rules, and speak to the popularity of these expressions amongst the laity.

The wide reception of Douceline's principles and practices evinces a broader "evolution of the typology of sanctity at the end of the Middle Ages."¹⁰³ According to Vauchez,

Love for the poor and humility were ... the common denominators of the lay sanctity that arose in twelfth-century communal Italy. The saints in question interpreted the monastic precept of the *sequela Christi* in a concrete and practical manner, as an appeal to fight against the insecurity which made all travel dangerous and, especially, against the traumas of urbanization: famine, begging, prostitution, child abandonment, and so on.¹⁰⁴

In fourteenth-century Provence, these ideals were embodied by and canonized in St. Elzéar (1285-1323) and his wife, the blessed Delphine (1284-1358), whose pious ambitions were not precluded by their married state. The couple embraced a life of conjugal chastity that allowed them to pursue their charitable vocation without the taint of carnal relations, and, thus, translated the ideals of monasticism and the mendicants into a lay setting. The new "typology of sanctity" to which Elzéar and Delphine belong sheds light on the receptivity of the Christian masses to the Church's earlier reform efforts, which redefined *caritas* as an active expression rather than a

¹⁰² Baratier, "Le mouvement mendiant à Marseille," 190.

¹⁰³ Vauchez, *The Laity in the Middle Ages*, xix.

¹⁰⁴ Vauchez, *The Laity in the Middle Ages*, 62.

strictly passive contemplation. This conceptual reformation translated a religious ideal into a practical response to the growing numbers of urban poor and provided a mechanism for the laity to pursue a path traditionally reserved for those who had taken religious vows.

1.5 Confraternities and Hospitals

The charitable character of lay piety manifested most apparently in the laity's increasing foundation of confraternities and hospitals; as Chiffolleau has highlighted, "*la confratria* reste...une affaire des laïcs; ce sont les laïcs qui prennent l'initiative d'une foundation et qui gerent avec soin les revenus de chaque oeuvre."¹⁰⁵ Confraternities and hospitals adapted the active ideals of the Church's reform to a lay framework that realized the communal potential of a charitable imperative, creating communities of support in cities where, as discussed above, such communities were, sometimes absent. In the later Middle Ages, the socio-cultural significance of these organizations took on an increasingly civic function, serving as expressions and realizations of civic ideals. This section will examine the socio-religious nature and civic associations of, first, confraternities and, then, hospitals, paying particular attention to the confraternity and hospital of Saint-Esprit in Marseille.

Confraternities, according to Catherine Vincent, were communal organizations that functioned on three axes: piety, charity, and sociability.¹⁰⁶ In Provence and the Comtat Venaissin, confraternities arose in the early thirteenth century as politico-religious institutions, notably in Marseille and Avignon, but disappeared after the fall of the consulates and their subsequent prohibition by Church councils. When confraternities reappeared at the end of the thirteenth century, their role, according to Chiffolleau, was limited to works of assistance and,

¹⁰⁵ Chiffolleau, "Les confréries, la mort et la religion en Comtat Venaissin," 799.

¹⁰⁶ Catherine Vincent, *Les confréries médiévales dans le royaume de France* (Paris, 1994).

largely, devoid of their earlier political function.¹⁰⁷ The linguistic conflation of charitable and confraternal organizations evinced by the interchangeable use of terms like *confratria*, *luminaria*, *elemosina*, *caritas*, *cerei*, *societas*, *comitiva* illustrates this continued charitable function. The foundation of confraternities increased significantly between the end of the fourteenth and the end of the fifteenth century, a tendency which Chiffolleau attributes to the upheaval that the demographic crisis of the Black Death caused on familial and community structures.¹⁰⁸

The proliferation of confraternities placed under the patronage of the Holy Spirit in Provence – which arose first in Marseille – in many ways reveals the sociable and charitable vocations of these institutions. In fourteenth-century Provence, two-thirds of the localities with identifiable confraternities, charities, almshouses, or luminaries contained a confraternity under the patronage of Saint-Esprit, and those under this patronage appear in 86% of testaments.¹⁰⁹ One of the defining characteristics of these organizations was the annual banquet, often held on Pentecost, for the confrères and the poor of the community. These meals could be rather lavish and substantial displays of charity and community. They served meat (pork, mutton, goat, and beef), wine, and bread, often in large quantities. In Tarascon in 1452, for example, the Pentecostal banquet offered 2,500 loaves of bread to the community and confrères, while the one

¹⁰⁷ Chiffolleau, “Les confréries, la mort et la religion en Comtat Venaissin à la fin du Moyen Age,” 788-789. See also Coulet, “Le mouvement confraternel en Provence et dans la Comtat Venaissin au Moyen Age,” 100, for an examination of this new charitable character.

¹⁰⁸ Chiffolleau, “Les confréries, la mort et la religion en Comtat Venaissin à la fin du Moyen Age,” 811. Chiffolleau distinguishes between two phases in the revival of the confraternal movement in the Comtat Venaissin: the period between 1280 and 1370, in which the number of confraternities was minimal (fewer than fifty in total), and the period between the final three decades of the fourteenth century and the fifteenth century, when more than 210 new confraternities appeared, “Les confréries, la mort et la religion en Comtat Venaissin à la fin du Moyen Age,” 791.

¹⁰⁹ Coulet, “Les confréries du Saint-Esprit in Provence,” *Histoire sociale, sensibilités collectives et mentalités. Mélanges Robert Mandrou* (Paris: 1985), 207.

in Draguignan distributed 27,000 rations in the sixteenth century.¹¹⁰ When means permitted, the banquet might extend over several days, as in Arles, where it was offered to the poor of two hospitals the day before, the day of, and the day after Pentecost.¹¹¹ As Pentecost commemorates the descent of the Holy Spirit upon the Apostles, its association with a confraternity of the Holy Spirit seems apparent. According to Chiffolleau and Coulet, however, the placement of these banquets on Pentecost is also symbolically significant. Coulet highlights the calendrical correspondence between the confraternal feasts of Pentecost and the earlier Jewish celebration of the Feast of the Weeks, both of which were agriculturally symbolic, as they fell before the harvest and can thus be interpreted as celebration of the future.¹¹² To account for the revival of this tradition in later medieval Christianity, Chiffolleau turns to the Gregorian reformation, suggesting that “l’idéal réformateur de *vita communis*, de *vita aposolica* offert aux clercs par l’Église ‘grégorienne’ a pu sans aucun doute, au XIe et au XIIe siècle, réactiver les modèles théologique et liturgique... [I]l est possible qu’à cette époque une théologie spirituelle encore très fruste, insistant sur le partage et l’idée communautaire se soit diffuse dans les villes et les campagnes.”¹¹³ From this perspective, the confraternal movement can be interpreted as an expression of piety that, like the expressions discussed above, translated the active ideals of the Church into a lay setting.

The placement on Pentecost of the annual banquets of the confraternities of Saint-Esprit is, according to Chiffolleau, additionally significant for its invocation of the dead, a legitimating aspect of confraternal efforts. Testaments from elsewhere in the Midi cite Pentecost as one of the

¹¹⁰ Chiffolleau, “Entre le religieux et le politique: Les confréries du Saint-Esprit en Provence at en Comtat Venaissin à la fin du moyen âge,” in *Le mouvement confraternal au moyen âge. France, Italie, Suisse*, 23.

¹¹¹ Chiffolleau, “Entre le religieux et le politique: Les confréries du Saint-Esprit en Provence,” 24.

¹¹² Coulet, “Les confréries du Saint-Esprit en Provence,” 216-217.

¹¹³ Chiffolleau, “Entre le religieux et le politique: Les confréries du Saint-Esprit en Provence,” 27.

four traditional feasts of the dead, along with All Saints, Ash Wednesday, and Easter Monday, which establishes a clear link between Pentecostal celebrations and funerary meals. Chiffolleau concludes that, without reducing it to pure functionalism, May becomes, like November, a month of souls, and the Pentecost banquet, like that of All Saints Day, might be considered a “*soupe des âmes*.”¹¹⁴

Scholars have frequently identified the supervision of death and funerary ritual as a central preoccupation of confraternal charity, an association that has led Chiffolleau and others to suggest that such organizations served as a kind of surrogate family for those dislocated from traditional social networks by the various crises of the fourteenth century. Rollo-Koster has illustrated how confraternal “families” extended to the afterlife through commemoration, and the ritualistic exclusion of members who had failed to pay their dues highlights the social significance of this process; in Avignon, for example,

The living would ritually remember the dead only when their dues had been paid within the three years (for those living in Avignon) or five years (for those living abroad) prior to their death. If a member’s payments lapsed for more than five years, the confraternity eschewed all responsibility for the departed soul. And, to symbolize the exclusion from the confraternal family, the association erased his name from the book of matriculants (*abradatur libro nominum confratrum*).¹¹⁵

Although the annual banquets held for the poor rooted their charitable expressions in the broader community, the importance confraternities placed on funerary provisions exemplifies a charity directed inward, to members. Scholars have thus concluded that,

Loin de fournir à la misère un secours régulier, adapté aux variations de la conjuncture économique, ces associations sont surtout un expression de la solidarité communautaire, dans le cadre du village ou du quartier urbain, et jouent par conséquent un rôle dans la cohésion sociale et la paix civile. Leur action répond à une logique égalitaire plus que vraiment charitable, fondée sur la référence à l’Esprit Saint, symbolisant l’idéal utopique de la vie commune apostolique, articulé sur les notions de redistribution des richesses, de

¹¹⁴ Chiffolleau, “Entre le religieux et le politique: Les confréries du Saint-Esprit en Provence,” 31.

¹¹⁵ Joelle Rollo-Koster, “Death and the Fraternity. A Short Study on the Dead in Late Medieval Confraternities,” *Confraternitas* 1:9 (1999): 4-5.

partage fraternal, de réciprocité.¹¹⁶

The first confraternity of Saint-Esprit in Provence was established in Marseille in the 1212, and these communal ideals served a clearly political function. The charity, sociability, and piety on which the confraternity was founded provided a legitimizing framework to the confraternity's emancipatory efforts, which led, in 1212, to a brief period of communal independence in Marseille, as the next chapter will demonstrate. The confraternity of Saint-Esprit can, thus, be understood as an expression of civic religion in Marseille. Despite their shared association with the Holy Spirit, the association between the confraternity of Saint-Esprit and the Hospital of Saint-Esprit in Marseille is widely contested in the historiography, a debate which will be addressed within a consideration of the hospital's civic function in Chapter Two.

Hospitals

Hospitals, like confraternities, became increasingly an expression of a lay piety that prioritized active charity. Like confraternities, they responded to new categories of need that developed as a result of urbanization and were, often, inextricably financial and social. In the case of hospitals, they sought to alleviate the plight of the involuntary poor through the performance of the seven corporal works of mercy.

Hospital foundations proliferated in the late twelfth and early thirteenth century. Jacques de Vitry (1180-1240), in his *Historia occidentalis*, described how “there are, moreover, other congregations without estimate or fixed number throughout all the western regions, [composed] of men and women who renounce the world and live according to a rule in leper houses or

¹¹⁶ Le Blévec, *La part du pauvre*, I, 238. Coulet similarly suggests that “la sociabilité est, avec le rôle funéraire, l’aspect le plus visible des confréries de nos régions,” “Le mouvement confraternel en Provence et dans la Comtat Venaissin au Moyen Âge,” 109.

hospitals for the poor, ministering to the destitute and infirm devoutly and with humility.”¹¹⁷ In both Eastern and Western Christendom, hospitals institutionalized the seven corporal works of mercy. These acts, which include feeding the hungry, giving drink to the thirsty, clothing the naked, harboring the harbourless, visiting the sick, ransoming the captive, and burying the dead – the first six of which are enumerated by Jesus as salvific acts in Matthew 25: 34-44 – provided a framework to both the clergy and the laity for the performance of charitable acts. M.-H. Vicaire has examined the centrality of these works of mercy in the pastoral literature of the Languedoc, which encouraged generosity toward the poor by placing it within an eschatological framework.¹¹⁸ In the Lower Rhone region, “de la charité privée à l’assistance publique, c’est une palette étonnamment variée qui, à l’échelle de la chrétienté, peint un tableau chatoyant de la participation des fidèles aux oeuvres de miséricorde”¹¹⁹ According to Annie Saunier, “l’exercice des oeuvres de miséricorde preside aux principales fondations ou donations hospitalières. Le donateur assure son propre salut, et celui des siens, en les pratiquant, car toute aide apportée à un pauvre, ou à un malade équivaut à une attention directe vers Jésus-Christ humilié et souffrant lors de la Passion.”¹²⁰ In Marseille, “déjà la fin du XII^e siècle, diverses fondations hospitalières, indépendantes des aumôneries traditionnelles – épiscopale et monastique – on vu le jour dans la ville portuaire, soutenues à la fois par le vent de réforme apostolique, les premières croisades et le développement urbain.”¹²¹

Some of the earliest institutions to offer care to the sick and errant poor in Marseille were

¹¹⁷ Jacques de Vitry, Chapter 29, “On the hospitals of the poor and leper houses,” in *Historia Occidentalis*, translated by Jessalynn Bird in “Texts on Hospitals: Translation of Jacques de Vitry, *Historia Occidentalis* 29, and Edition of Jacques de Vitry’s Sermons to Hospitallers,” in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler (New York: Boydell and Brewer, 2001), 109-134.

¹¹⁸ M.H. Vicaire, “La place des oeuvres de miséricorde dans la pastorale en pays d’Oc,” *Assistance et charité*, Cahiers de Fanjeaux 13 (1978): 21-44.

¹¹⁹ Le Blévec, *La part du pauvre*, I, 168.

¹²⁰ Annie Saunier, *‘Le pauvre malade’ dans le cadre hospitalier medieval. France du nord, vers 1300-1500*, 23.

¹²¹ Michaud, “Le pauvre transformé,” 248.

attached to hospitaller orders. In 1180, the Hospitallers of Saint John of Jerusalem, the Templars, and the Antonines all established houses in the city; in 1200, the Order of Saint-James of the Sword arrived, and, in 1203, Jean de Matha founded a Trinitarian house there. The military orders developed within the context of the First Crusade and “offraient...aux plus ardents la possibilité de mener une vraie vie religieuse, d’assurer leur salut éternel sans pour autant renoncer au métier des armes, spécifique de leur état.”¹²² The first house of the Order of Saint-John began in Jerusalem in the 1130s as a small hospice and, by 1156, included eleven wards with a capacity of nine hundred to a thousand inmates.¹²³ When Raymond du Puy (master between 1120 and 1160) codified the Order’s Rule, he established a clearly caritative dimension alongside their military responsibilities, dedicating several chapters to care of the poor, sick, and pilgrims. When, in response to accusations of various abuses, Roger des Moulins (master from 1177-1187) reformed the Rule in 1182, the new version placed “un accent quasi exclusive sur l’assistance pratiquée dans l’Hôpital de Jérusalem.”¹²⁴ The Order expanded to Provence in the later twelfth century with the establishment of a priory at Saint-Gilles and, by the thirteenth and fourteenth centuries, Hospitaller houses were firmly rooted in the caregiving landscape in Provence. According to Le Blévec, “l’enquête de 1338 révéla que les hospitaliers aixois non seulement soignaient les malades, auxquels ils donnaient une nourriture choisie, qu’ils faisaient visiter par des médecins et dont ils soulageaient les souffrances par des médicaments mais se consacraient aussi à des distributions quotidiennes de nourriture aux pauvres.”¹²⁵ The association of the Hospital of Saint-Esprit with the Order of Saint-Esprit, founded in Montpellier by Guy de Montpellier at the end of the twelfth century, is as contested as its association with the

¹²² Le Blévec, *La part du pauvre*, I, 70.

¹²³ Brodman, *Charity and Religion*, 94.

¹²⁴ Le Blévec, *La part du pauvre*, I, 89.

¹²⁵ Le Blévec, *La part du pauvre*, I, 102-103.

confraternity of Saint-Esprit. Like this latter debate, the historiographical debate surrounding the association between the hospital and the order will be addressed in greater detail in the following chapter.

Other orders and institutions specialized in the care of specific groups of afflicted. The Trinitarians were dedicated to the ransoming of captives, although the historiographical emphasis on this activity has, according to Le Blévec, eclipsed the more general hospitality they offered to the poor and sick.¹²⁶ In 1200, the Order of Saint-James of the Sword established a house for the care of impoverished pilgrims.¹²⁷ A testamentary bequest in 1210 of 100 *sous raimondins* by Gilbert de Baux, of the viscountal family of Marseille, reveals the existence of a hospital dedicated to the care of lepers;¹²⁸ this leprosarium, like others, was placed under the patronage of Saint-Lazare and was located outside the city walls, on the road to Aix.¹²⁹ The Antonines, originally a community of lay brothers and sisters who were designated Canons Regular by Boniface VIII in 1297, offered care to those suffering from ergotism.¹³⁰ And, in his testament from 30 March 1344, Bernard Garnier bequeathed an annual and perpetual rent of fifty royal *livres* for the foundation of the Hospital of Saint-Jacques-de-Galice, intended for the reception of sick women and infants, although the difficulty of obtaining a suitable parcel of land meant that it was not fully operational until 1370.¹³¹

Marseille counted many other hospitals amongst its caritative institutions throughout the

¹²⁶ Le Blévec, *La part du pauvre*, I, 155.

¹²⁷ Fabre, *Histoire des hôpitaux et des institutions de bienfaisance*, II, 108.

¹²⁸ Fabre, *Histoire des hôpitaux et des institutions de bienfaisance*, II, 32.

¹²⁹ See Villard, "La Léproserie de Marseille au XV^e siècle et son règlement," *Annales de la Société d'études provençales* (1905): 13-23 for a description of this institution. According to Villard, "le régime intérieur des léproseries est mal connu et peu de documents le concernant sont parvenus jusqu'à nous," although a Rule from the Marseillais house from the end of the fifteenth century has survived.

¹³⁰ Fabre, *Histoire des hôpitaux et des institutions de bienfaisance*, I, 27.

¹³¹ Baratier, "Le mouvement mendiant à Marseille," 180; Laure-Hélène Gouffran, "Les acteurs d'assistance: hôpitaux et élites urbaines à Marseille à la fin du Moyen Age," *Mediterranea* 36 (2016): 79.

thirteenth and fourteenth centuries. The testament of Benoit d'Alignan attests to the presence, in 1260, of the Hospitals of Saint-Esprit, Saint-Jacques,¹³² Saint-Benoit, Saint-Martin, Paradis, and Bertran Baussan.¹³³ Other thirteenth-century foundations included the Hospitals of Sainte-Marthe, Saint-Sépulcre (1204), Saint-Canaat, and Saint-Michel (1214). Those of the fourteenth century included the Hospitals of Notre-Dame de l'Annonciade (1372), Notre-Dame-de-l'Esperance (1385), and Notre-Dame-d'Humilité (1360), and those of the fifteenth century the Hospitals of Saint-Etienne (c.1420), Saint-Maur (c.1471), and Saint-Raphaël (c.1471). Several of these institutions, unable to sustain themselves, would disappear throughout the period, including Notre-Dame-de-l'Esperance and Notre-Dame de l'Annonciade which, after the sack of the city by the Aragonese in 1424, were dissolved and their goods distributed to Saint-Esprit and Saint-Jacques-de-Galice.¹³⁴ This total of twenty-two hospital foundations, though extensive, is likely not exhaustive. Of the sixteen hospitals/ orders whose dates of foundation are known,¹³⁵ three (18.75%) date to the twelfth century, six (37.5%) to the thirteenth century, four (25%) to the fourteenth century, and three (18.75%) to the fifteenth century. Although these figures are tentative, they do suggest a pattern of hospital foundations similar to those found elsewhere in Midi. In Avignon, 6% (2/33) of hospitals date to the thirteenth century, 24.2% (8/33) to the thirteenth century, 54.5% (18/33) to the fourteenth century, and 15.2% (5/33) to the fifteenth century, while, in Arles, 38.4% (5/13) date to the twelfth century, 53.8% (7/13) to the thirteenth century, and 7.7% (1/13) to the fourteenth century.¹³⁶ Figure 1 offers a visual representation of

¹³² It is unclear if this refers to Saint-Jacques-des-Épées.

¹³³ Baratier, "Le mouvement mendiant à Marseille," 180.

¹³⁴ Fabre provides dates for and brief details on the foundations of these institutions in *Histoire des hôpitaux et des institutions de bienfaisance de Marseille*, I, 24-34. This list is likely not exhaustive.

¹³⁵ The Templars have not been included in this figure, as the extent of their caritative contributions in Marseille is not known.

¹³⁶ These figures are based on the table of hospital foundations compiled by Le Blévec in *La part du pauvre*, II, 602-604.

these figures. All three cities witnessed a characteristic increase in hospital foundations

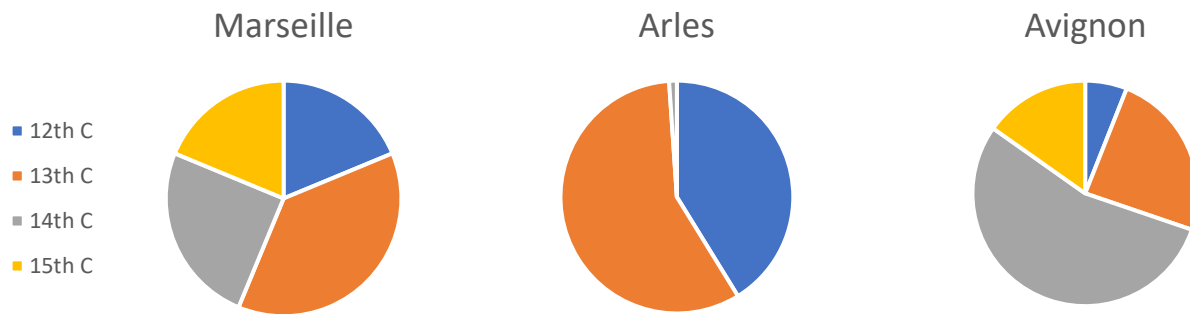


Figure 1: Chronological distribution of hospital foundations

throughout the thirteenth century. The most notable differences concern the fourteenth century, which is underrepresented in the Arlesian foundations, but which witnessed a disproportionately high number of foundations in Avignon, undoubtedly a result of the presence of the papacy.

By the mid-thirteenth century, hospitals, like monasteries, came under suspicion for alleged abuses of resources and a lack of internal order. Jacques de Vitry, in his *Historia occidentalis*, sketches a rather bleak picture of the corruption of these institutions:

[T]his holy and God-beloved rule of hospitality and religion of hospitals is so corrupted in many places and houses and is, at it were, reduced wretchedly to nothing, that this base and execrable congregation of reprobate men displeases not only those who more fully perceive their wickedness, but also reeks in God's sight. Under the guise of hospitality and the cloak of piety, they have become quaestors, and through lies, deceptions, and every means which they possess they churlishly extort monies. Feeding themselves, they care nothing for the needy, except when they use them as a pretext to wring alms from the faithful, proffering a little to the poor and infirm, so that by this fraudulent kind of hunting, their crafty traffickers and cunning hucksters acquire many things.

The list of abuses continues and include acts so scandalous that, "although they are not ashamed to do these things, we nonetheless blush to recite them at present."¹³⁷ The canon *De regimine hospitalium* from the Council of Arles in 1260 reflects the Church's efforts to reform these abuses; it stipulates that:

Because, that, in the cities and the localities of our province, the hospitals of the poor are

¹³⁷ Both excerpts are from Bird, "Texts on Hospitals," 110-111.

numerous, it is laymen and secular clerics who, most frequently, are in the habit of administering them, as a result of the requests they made, the price they paid, the letters they obtained from popes, and the interventions of princes and powerful men, and that their management is not conducted for the benefit of the poor, but results in the appropriation by these rectors, for their own use, goods and alms belonging to such hospitals, we order and establish, so that the law is respected, that they are recruited in the most suitable way possible by the prelates of the different places concerned or by those with whom this responsibility rests, among the servants of the Lord who have taken the religious habit, that they lead a common life, that each year they account for everything to the representatives [of the ordinary], keeping nothing for themselves of the goods and alms belonging to the hospitals, except what is essential for their food and clothing.¹³⁸

Such canons suggest an effort to regulate the administration of hospitals by imposing on them an almost monastic model. As will be discussed in Chapter Three, the Hospital of Saint-Esprit conformed to this model.

As Figure 1.1 illustrates, suspicion of hospital administration did not diminish the impetus to found such institutions in the Midi.¹³⁹ The proliferation of hospitals in Marseille, as elsewhere, between the thirteenth and fifteenth centuries illustrates the redefinition of *caritas* as an outward expression of care for those whose circumstances mirrored Christ's suffering, the *pauperes Christi*. The individuals who served these institutions, whether under the official Rule or as lay members of the hospital community, or as donors and patrons, participated in a mutually beneficial act of caregiving that simultaneously assuaged the suffering of the recipient and contributed to the caregiver's salvation. Jacques de Vitry praises the misery and filth they endured in service of God as valorizing and salvific aspects of their charity, describing how

these ministers of Christ are sober, frugal, and extremely rigorous and austere to themselves and their bodies, yet as much as they are able, they supply necessities to the needy and infirm with a ready spirit and hearts overflowing with compassion. The more abject they are in the Lord's house upon the way, the more exalted position they will attain in their [eternal] homeland. Because they frequently endure so many of the sick's

¹³⁸ J.-D. Mansi, *Sacrorum conciliorum nova et amplissima collectio* XXIII, col. 1009. Cited in Le Blévec, *La part du pauvre*, II, 659.

¹³⁹ According to Michaud, however, it did result in testamentary clauses that stipulated that the sum donated was intended for the poor, in order to avoid its abuse by the administrators, "Le pauvre transformé," 279.

filthiness and the nearly intolerable assault of [various] stench, inflicting injury upon themselves for Christ's sake, I believe that no other kind of penance is comparable to this holy martyrdom, precious in God's sight.

The Marseillais hospitals, thus, played an active role in the social and spiritual dimensions of life in this port city. Between the end of the fourteenth and the mid-fifteenth century, seven were operating in the city. According to Michaud, however, “de loins, l'hôpital Saint-Esprit, creation de la confrérie du même nom, demeure le plus important, blazon de la fierté municipale, première creation laïque qui, pour un temps, se double d'aspiration politique communale.”¹⁴⁰ It is the political aspirations of the hospital that form the focus on the next chapter.

1.6 Conclusion

This chapter has explored the religious landscape in which the Hospital of Saint-Esprit operated, focusing on the evolving role of the poor in Christian ideology and the institutional manifestations of this evolution. In Marseille, the ideological debate surrounding poverty can be marked by the various religious movements that took root in the city and that shaped both individual and collective conceptualizations of and responses to poverty in the city and beyond. The Hospital of Saint-Esprit's conceptualization and enactment of charitable caregiving reflects the ideological shift from contemplative to active piety which transpired in the twelfth century. In this new model of piety, the reformulation of poverty played a central role in granting the laity an active role in their own salvation. Until the late twelfth century, voluntary poverty enacted the ascetic ideal of monasticism; charity – that is, love of God – was expressed through a self-denial that facilitated contemplation and remained, largely, the reserve of monks and nuns. The thirteenth-century reforms, under Innocent III and, especially, under Lateran IV, however, idealized an active, rather contemplative, piety; in this new model, salvation could be obtained

¹⁴⁰ Michaud, “Le pauvre transformé,” 279.

through beneficent acts toward the involuntary poor. In this new model of charity, the poor became powerful mediators of salvation, both as recipients of charitable giving and through the prayers that they offered in the name of their benefactors. Although this new charitable ideology was articulated at an official level, it responded to and took root because of the need to which it responded.

Chapter 2: The Hospital and the City

2.1 Introduction

The previous chapter examined how the Hospital of Saint-Esprit was rooted in – and a realization of – a Christian ideology centred around charitable care for the poor in society; this chapter considers how it was rooted in – and a realization of – civic ideology in Marseille at this time. This association of religion and civic life – “civic religion” – found increasing expressing in the Midi in this period. In Marseille, it developed in the late twelfth and early thirteenth century – notably early, even for the region – in the confraternity of Saint-Esprit and the hospital of Saint-Esprit. In the cases of both organizations, lay religious institutions were used as an instrument of civic governance. In the case of the confraternity, this was primarily political. In the case of the hospital, it was political, but also (and, perhaps inextricably,) social, and, in some ways, can be considered an expression of urban health measures in Marseille. André Vauchez has argued that, “[...] le problème qui se trouve au coeur de la notion de religion civique est celui de l'appropriation de valeurs inhérentes à la vie religieuse par des pouvoirs urbains, à des fins de légitimation, de célébration et de salut public.”¹⁴¹

This chapter considers the civic association of the Hospital of Saint-Esprit in order to establish the space it occupied in marseillais society. It begins with an examination of the confraternity of Saint-Esprit that, in the early thirteenth century, established the communal independence of the city. The history of this confraternity serves as a clear example of civic religion in Marseille at this time and is significant to the historiography of the Hospital of Saint-Esprit, both because its role in the hospital’s foundation is so widely debated by historians and because, despite this debate, the association of members of the confraternity with the Hospital of

¹⁴¹ André Vauchez, “Introduction,” in *La religion civique à l’époque médiévale et modern (chrétienté et islam)* (Rome: École Française de Rome, 1995), 1. Public health in the Middle Ages has developed as subject of analysis in recent years and will be explored in greater detail below.

Saint-Esprit provide an early model for the civic religion that the hospital would come clearly to represent. It then examines the association between the hospital and the municipal council under whose direction the hospital operated, arguing that this relationship was not just one of oversight; it was also one of opportunity – citizens used oversight of the hospital as political strategy. The chapter concludes with a consideration of how the council’s management of the hospital fits within the broader context of civic concern for the health of the body politic, which I will call here “urban health” and which understands the subject as defined broadly by Carole Rawcliffe in her work on concepts of communal wellbeing in late medieval English towns.¹⁴²

2.2 The Confraternity of Saint-Esprit, the Order of Saint-Esprit, and the Hospital of Saint-Esprit: An Historiographical Debate

Lay associations like confraternities and hospitals increasingly developed a civic dimension in the later Middle Ages. Both the confraternity and the hospital of the Holy Spirit participated in the civic life of Marseille, though whether they did so as a single entity is a subject of historiographical debate.

According to Chiffolleau, “la *confratria*, en Avignon comme à Marseille, semble avoir été en effet l’institution-clef qui a permis aux énergies communales de se rassembler pour lutter contre les autorités traditionnelles;”¹⁴³ in Marseille, this key institution was the confraternity of Saint-Esprit, which would, by 1215, function as an emancipatory body, displacing the viscounts, for a period, as the governing body of the city. As the previous chapter illustrated, confraternities dedicated to the Holy Spirit proliferated in Provence; according to Coulet, however, the

¹⁴² Carole Rawcliffe, *Urban Bodies: Communal Health in Late Medieval Towns and Cities* (Woodbridge: The Boydell Press, 2013).

¹⁴³ Jacques Chiffolleau, “Les confréries, la mort et la religion en Comtat Venaissin à la fin du Moyen Âge,” in *Mélanges de l’École française de Rome. Moyen-Age, Temps modernes* 91.2 (1979): 788.

confraternity in Marseille was the only one that “anime et encadre le mouvement de conquête des franchises communales.”¹⁴⁴

The confraternity was founded in 1212, twenty-four years after the foundation of the hospital, on the encouragement of Arnaud Amaury, a papal legate. At this time, Marseille was divided into three administrative units: the lower city, governed by the viscounts; the upper city, governed by the bishop; and, to the west, the Prévôté. Gradually, between its foundation and 1212 and 1215, the confraternity bought up the seigneurial rights of the lower city, replacing the governing power of the viscounts with the communal body of the confraternity. The religious nature of the confraternity was essential to its realization of its emancipatory objectives. According to Amargier, it was always in the name of the Holy Spirit that the confreres carried out their plan to purchase the rights held by viscount.¹⁴⁵ The confraternity’s invocation of the Holy Spirit in their political acts serves as an example of “how civic religion might function as a legitimating rhetoric that masked some of the power shifts taking place within local communities.”¹⁴⁶ Although the confraternity would be dissolved by Pope Honorius III in 1218 (discussed below), the lower city remained independent of viscountal authority until 1242, when the city was forced to acknowledge the suzerainty of Charles I of Anjou.

With no extant foundational charter to establish definitively the hospital’s provenance, much debate has arisen over the past century and a half concerning the relationship between the confraternity that founded the Hospital of Saint-Esprit in 1188 and the emancipatory confraternity that was established officially in 1212. This debate stems from the hospital’s

¹⁴⁴ Noël Coulet, “Les confréries du Saint-Esprit en Provence: pour une enquête,” in *Histoire sociale, sensibilités collectives et mentalités. Mélanges Robert Mandrou* (Paris, 1985), 211.

¹⁴⁵ Paul Amargier, “Mouvements populaires et confrérie du Saint-Esprit à Marseille au seuil du XIII^e siècle,” *Cahiers de Fanjeaux* 11, *La religion populaire en Languedoc du XIII^e siècle à la moitié du XIV^e siècle* (1976) : 311.

¹⁴⁶ Terpstra, “Civic Religion,” 151.

ambiguous association with the montpelliéran hospitaller Order under the same patronage, and from the 1212 confraternity's inconsistent invocation of the Holy Spirit in extant documentation. On the one side of the debate, historians like Augustin Fabre and Françoise Durand-Dol attribute the marseillais hospital's foundation to the montpelliéran Order, and see its founding confraternity as a branch of the montpelliéran original, independent of the confraternity that arose in Marseille in 1212 and periodically invoking the patronage of the Holy Spirit. A first glance at the evidence supports this conclusion. Both the marseillais hospital and the montpelliéran hospitaller Order shared the same patronage, were founded contemporarily, and are associated in the 1198 bull of Innocent III, which lists the marseillais hospital as a dependent of the montpelliéran Order. On the other side of the debate, historians like Mortreuil assert this reading to be too superficial and sketch the communal body that founded the marseillais hospital as a precursor to the 1212 confraternity so active in the emancipatory efforts of Marseille's leading citizens.

In the mid-nineteenth century, Augustin Fabre, making no mention of the later confraternity of 1212, attributed the hospital's foundation in 1188 to the Order of Saint-Esprit of Montpellier. This montpelliéran Order of Saint-Esprit was founded at the end of the twelfth century by Guy de Montpellier¹⁴⁷ and, according to Fabre's narrative,

Cet ordre, un des mieux dotés de la chrétienté, prit...un accroissement considerable, et la ville de Marseille fut une des premières qui eut une de ses maisons. Au commencement de 1188 ils achetèrent de l'abbé Saint-Sauveur une maison dans laquelle ils recurent, conformément à leurs règles, les maladies et les enfants abandonnés, avec la permission de Barral, vicomte de Marseille, qui leur accorda des privileges. Mais comme cet hôpital, dès son origin, fut regardé comme insuffisant, un habitant, nommé Hospinell, donna aux fondateurs, au mois de décembre de la même année, avec la consentement de l'abbesse de Saint-Sauveur, un terrain contigu qui relevait de l'abbaye à laquelle le nouvel hôpital fut obligé de payer annuellement, la veille de Noël, une cense de quinze sous royaux

¹⁴⁷ As Nicole Brocard has illustrated, this Order experienced almost immediate expansion thanks to the support of Innocent III, who recommended the order to all bishops.

couronnés.¹⁴⁸

Bourrilly, citing a bull promulgated by Innocent III which listed the marseillais house as one of the Montpellieran dependents, similarly asserts that “il semble que, dès le début tout au moins, la maison de Marseille ait été en rapports étroits avec une maison analogue de Montpellier et placée sous la haute direction de Guy de Montpellier.”¹⁴⁹ Fabre, however, provides little evidence for this provenance. The shared patronage of the Holy Spirit and the geographical and temporal proximities between the two appear to be the tacit support on which he founds his assertions.

Yet, according to Mortreuil, “cette consequence, qui doit paraître si naturelle, se trouve contredite d’une manière formelle par des documents bien autrement explicites et qui donnent à la maison de Marseille une toute autre origine.”¹⁵⁰ He asserts that “c’est à une confrérie municipale et non pas à une corporation religieuse ou chevaleresque que l’hôpital de Marseille doit sa foundation,” and that its “but principal fut l’émancipation communale.”¹⁵¹ Mortreuil’s narrative thus conflates the confraternity of the Hospital of Saint-Esprit with the confraternity of 1212, and describes it as “une association (*confratria jurate, conjuratio*), essentiellement laïque, dont les membres se recrutaient et agissaient librement, qui n’étaient liés par aucun des vœux que prononçaient ceux des corps réguliers, auxquelles il suffisait, pour être affiliés de faire acte d’adhésion aux statuts établis et jurés.”¹⁵² Mortreuil relies on evidence overlooked by Fabre to support this conclusion. His research reveals not only papal bulls making mention of the hospital, but also the *Libre del Trésor* of the Hospital of Saint-Esprit. The *Libre del Trésor*, composed by the notary Laurens Aycart beginning in 1399, inventoried the various notarial transactions of the

¹⁴⁸ Fabre, *Histoire des hôpitaux*, t. 1, 40.

¹⁴⁹ Bourrilly, *Essai sur l’histoire politique de la commune de Marseille*, 48.

¹⁵⁰ Mortreuil, “L’hôpital Saint-Esprit à Marseille,” 143.

¹⁵¹ Mortreuil, “L’hôpital Saint-Esprit à Marseille,” 144.

¹⁵² Mortreuil, “L’hôpital Saint-Esprit à Marseille,” 144.

hospital from its inception through the Middle Ages, many of whose originals are now lost. Though this evidentiary body of papal bulls and notarial records in many ways confuses as much as it clarifies, it does elucidate the context within which this debate developed.

Mortreuil confirms that, in December 1188, Hospinel – who would later become a member of the confraternity of Saint-Esprit – donated land for the hospital’s construction, an act made in accordance with the abbess of Saint-Sauveur, who had seigneurial rights to the land. Hospinel, along with other members of the confraternity – Bertran Sard, Guillaume de Nice, Guirald de Garrigis et Bertran Boutier –, acquired a house from the convent and, in January 1189, Barral des Baux, seigneur and viscount of Marseille, established his support of the institution by granting the hospital the exclusive right “de sortie le long de la voie publique, sur laquelle devaient être assis les bâtiments de l’hôpital.” According to Mortreuil, the acts concerning the hospital’s construction leave no doubt that the founding members “appartenaient à la confrérie laïque du Saint-Esprit et étaient étranger à l’ordre régulier du même nom.”¹⁵³ These acts include a second from 1189 concerning the construction of the building, in which the primary actor on the hospital’s behalf, Guirald de Garrigis, is never referred to as a canon of the order, and an inquiry from 1235, in which a sister of the hospital attributes the foundation of the hospital to her father, Pierre Giraud, and Pierre Assaud, both members of the confraternity of Saint-Esprit. Mortreuil concludes that “rien ne constate, dans tous ces préliminaires, l’intervention direct ou indirecte de frère Guy.”¹⁵⁴

Mortreuil concedes that a papal bull promulgated by Innocent III in 1198 and addressed to Guy de Montpellier included the marseillais hospital amongst the dependents of the Montpellier house, but views this as an error on the pontiff’s behalf. He suggests that Innocent

¹⁵³ Mortreuil, “L’hôpital Saint-Esprit à Marseille,” 145; Amargier, “La situation hospitalière à Marseille,” 241.

¹⁵⁴ Mortreuil, “L’hôpital Saint-Esprit à Marseille,” 146.

III's misassociation of the marseillais hospital with the montpelliéran order arose from linguistic confusion, since the terms *fraternitas* and *confraternitas* referred equally to both organizations. That the marseillais hospital does not figure in any of the subsequent bulls of Jean XXII, Innocent VI, Urbain V, and Alexander VI that confirm the privileges of the hospitaller order is, from Mortreuil's perspective, further evidence of this mistaken provenance.¹⁵⁵

Evidence, outside of Mortreuil's work, also, challenges the marseillais hospital's ties to the montpelliéran Order. In 1225, when Honorius III confirmed the *Religiosam vitam*, which listed the dependents of the montpelliéran Order, he did not include the marseillais house amongst them, while, in 1232, Gregory IX accorded papal protection to the hospital of Marseille.¹⁵⁶ The late seventeenth-century historian of Marseille, Antoine de Ruffi, claims, furthermore, that, in 1475, Berenguier Girons, commander of the hospital of Saint-Esprit in Montpellier, demanded that Marseille allow him to join the marseillais hospital with the Commandery of Montpellier; but the community of Marseille "s'y oppose formellement sur ce fondement inébranlable, que cét Hôpital n'a jamais appartenu à celui de Montpellier, mais bien à la Ville de Marseille, qui y avoit toûjours mis les Prêtres."¹⁵⁷ It is tempting to accept this event as an accurate representation of the hospital's provenance, as it would establish definitively the hospitaller confraternity in Marseille as independent of the hospitaller Order in Montpellier. Ruffi, however, does not provide any references to a source with which to confirm this event and, even if it could be located, it would be difficult to discern accurate representation from rhetoric.

This uncertainty aside, modern historians have generally accepted Mortreuil's

¹⁵⁵ Mortreuil, "L'hôpital Saint-Esprit à Marseille," 146.

¹⁵⁶ Françoise Durand-Dol, "La confrérie du Saint-Esprit de Marseille: Une nouvelle approche," *Provence Historique* 63 (2013): 142.

¹⁵⁷ Antoine de Ruffi, *Histoire de la Ville de Marseille* (Marseille, 1652), t. 2, 93.

interpretation of events as accurate. Glessgen, in his linguistic study of the *Libre del Trésor*, argues that “the order neither created nor headed the hospital,”¹⁵⁸ and that “the first [confraternity] was the forerunner and trailblazer of the second.”¹⁵⁹ Baratier, in his description of the emancipatory body that displaced the consul, sees the confraternity of the Hospital of Saint-Esprit as the framework into which they assimilated their organization, and sees the fact that the municipal rectors continued to oversee the administration of the hospital, even after the dissolution of the confraternity of 1212, as further evidence of this association.¹⁶⁰ Amargier, in his more critical analysis of the documentation of the confraternity of Saint-Esprit, likewise, conflates the confraternity of the hospital and the confraternity of 1212. Although he acknowledges that the 1212 foundational charter for the confraternity did not invoke the Holy Spirit, he suggests that this original exclusion was exceptional and intentional; the legate who presided over the statute – Arnaud-Amalric, ex-Cistercian and current archbishop of Narbonne – had been a leading figure in the battle against Catharism and recognized the dangers of invoking the Holy Spirit.¹⁶¹ According to Amargier, however, despite Arnaud-Amalric’s concern, every act from 1213 onward refers to it as the “Confraternity of Saint-Esprit.”¹⁶²

In 2013, Françoise Durand-Dol revived the debate, challenging Mortreuil’s conclusions and constructing a narrative more consonant with Fabre’s, though established on a more concrete foundation.¹⁶³ Durand-Dol rejects Mortreuil’s conflation of the confraternities; she argues that

¹⁵⁸ “Der Orden schuf und leitete das Hospital nicht, aber er gab ihm, zumindest in der Anfangszeit, einen gewissen geistigen Rahmen” (translation my own). Glessgen, “Lo thesaur del hospital de Sant Sperit,” 196.

¹⁵⁹ “Weitgehende Einigkeit herrscht darüber, daß die erste ein Vorläufer und Wegbereiter der zweiten war” (translation my own), Glessgen, “Lo Thesaur del hospital de Sant Sperit,” 198.

¹⁶⁰ Baratier, *Histoire de Marseille*, 71.

¹⁶¹ Amargier, “Mouvements populaires et confrérie du Saint-Esprit à Marseille au seuil du XIII^e siècle,” *La religion populaire en Languedoc du XIII^e siècle*, Cahiers de Fanjeaux 11 (1976): 310-311.

¹⁶² Ibid.

¹⁶³ The history of the Order of Saint-Esprit was the subject of Françoise Durand-Dol’s doctoral dissertation, “Origines et premiers développements de l’ordre hospitalier du Saint-Esprit dans les limites de la France actuelle

the confraternity of 1212 arose independently of the hospital, and that its choice to ally itself temporarily with the hospital, under the patronage of Saint-Esprit, was opportunistic. Revisiting the preconceptions that other historians have read onto the documents, Durand-Dol confirms Amargier's assertion that the confraternity did not bear the name "du Saint-Esprit" at its inception in 1212. Rather, Arnaud Amaury, the papal legate who encouraged its foundation, indicated that the confraternity was founded "en l'année 1212, pour l'honneur de Dieu et de la Sainte Mère Église, pour la défense des innocents et la répression des violences des malfaiteurs," and thus approved the confraternity – always unnamed – and its statutes for "l'honneur de Dieu et la promotion de la Sainte Église et le profit non seulement de la cite et du diocese de Marseille, mais aussi celui des autres personnes présentes."¹⁶⁴ This statement is, according to Durand-Dol, significant, as it clearly does not contain mention of the confraternity of the hospital of Saint-Esprit; Amaury and others used the term '*confratria*' many times, but "ils faisaient du neuf."¹⁶⁵

The statutes of this emancipatory confraternity reinforce the judicial power of the laity responsible for the confraternity and outline clearly the communal provisions for both the living and the dead, which include a kind of social and spiritual security in case of destitution. Significantly, they also stipulate that, on the day of annual celebration, the poor of the hospital of Saint-Esprit, both healthy and sick, were to be nourished *sufficenter* by the confraternity's alms. It appears, furthermore, that this meal for the hospital was intended as a substitution for the annual banquet traditionally held for the *members* of a confraternity. Despite this clear

(fin XII^e–fin XIII^e siècles)," Université Montpellier III, 2011. Her 2014 article, "Controverses historiographiques autour de l'ordre hospitalier du Saint-Esprit. Dom Vaissète et Gui de Montpellier," *Cahiers de Fanjeaux* 49 (2014): 139-172, also examines the historiographical debate surrounding the Order.

¹⁶⁴ Durand-Dol, "La confrérie du Saint-Esprit de Marseille," 127.

¹⁶⁵ Durand-Dol, "La confrérie du Saint-Esprit de Marseille," 127.

association with the hospital, Durand-Dol concludes that, although the obligation to feed ritually the poor of the hospital – placed under the patronage of the Holy Spirit – expressed a desire to promote devotion toward the third person of the Trinity, it could be more clearly stated, especially in the placement of the meals and annual masses on a day celebrating the Holy Spirit. One would expect, also, that their statutes would identify in their incipit the desire for this promotion amongst their other spiritual goals. She interprets the foundation of a meal for the poor of the hospital, in place of the union of confraternal members at an annual banquet, as a symbolic representation of the confraternity's communal goals in the city;¹⁶⁶ the absence of an annual banquet

laisse subodorer qu'en fait, avec l'accord du légat pontifical, la confrérie de Marseille était bien vouée dès le départ à réunir le maximum d'habitants de la ville, qu'elle serait donc bien en peine de réunir tous pour un repas commun, comme s'il s'agissait d'une communauté villageoise...Ce but d'universalité est suggéré aussi, nous l'avons signalé, par l'organisation de messes célébrées par tous les prêtres se trouvant dans la ville le jour choisi. Il y a dans ces statuts substitution implicite des pauvres, clercs ou laïcs, extérieurs à la confrérie car non-cotisants, aux confrères eux-mêmes. Les pauvres hébergés en ville à l'hôpital du Saint-Esprit symbolisent le confrère pauvre profitant du jour de partage de la nourriture.

Durand-Dol thus concludes that “le lien avec l'hôpital du Saint-Esprit semble en avril 1212 faible, tout du moins bien peu souligné.”¹⁶⁷

Yet, the following year, the confraternity of 1212 is clearly associated with the confraternity of the hospital of Saint-Esprit. Record of the first mention of the confraternity of 1212 as a kind of “double” of the confraternity of the Hospital of Saint-Esprit can be found in the *Livre del Trésor*, though the original is lost. This document is dated 8 March 1213 and mentions

¹⁶⁶ A description of this nature can found in Bourrilly, ___, 54: “Si on essaye de saisir, sous les mots, les réalités, on voit que la Confrérie de 1212 constitue un association très générale, dans laquelle peuvent entrer tous les citoyens de Marseille (*cives Massilie*), qu'ils soient riches ou pauvres, faibles ou puissants (*majores et minores*), qu'ils appartiennent à la ville basse ou à la ville haute, donc sans acception de situation sociale ou de juridiction. C'est, en principe, une association privée, poursuivant une oeuvre d'assistance, de secours mutuels, de concorde civile.”

¹⁶⁷ Durand-Dol, “La confrérie du Saint-Esprit de Marseille,” 129.

“une charte en date du 8 des ides de mars 1213, scellée du scel de la Confrérie du Saint-Esprit de Marseille, contenant une confession par les recteurs de ladite Confrérie de ce qu’étaient leurs dons.”¹⁶⁸ The elements of this act also suggest that the date for the meal for the poor of the hospital and the masses was fixed on the feast of the Annunciation (25 March). This association, according to Durand-Dol, is not insignificant, as “la fête de l’Annonciation, elle, était une fête de l’Esprit mais aussi de l’Incarnation et/ ou de la Vierge, et son choix demeurait donc sans danger, même en temps d’hérésies trinitaires.”¹⁶⁹ In addition to this reference, an act from 28 March notes that the “confraternity of Saint-Esprit” purchased rights held by the viscount Raymond-Geoffroi, his wife, and their sons, and, on 18 August 1214, Nuño, son of Sancho of Aragon, count of Provence, ceded, for the current and two subsequent years, the *droit de chevauchée* for 10,000 *sous de royaux couronnés* to the “rectors of the confraternity of Saint-Esprit of Marseille.”¹⁷⁰ Despite these associations, Durand-Dol dismisses the ties between the two confraternities as anything more than temporary and opportunistic. She suggests that the confraternity of 1212’s association and, later, disassociation of itself with the Order of Saint-Esprit corresponds with the fate of the Order itself. When they invoked the patronage of the Holy Spirit in 1214, the Order was enjoying papal favour. In 1204, Innocent III had unified the houses of the Order of Saint-Esprit in Montpellier and in Rome (the *Santo Spirito in Saxia*) in his bull *Inter opera pietatis*. By associating itself with this Order, the confraternity of Marseille established clear ties with the Apostolic See, and “l’appartenance de ses membres à la confrérie des hospitaliers du Saint-Esprit les aiderait à échapper quelque temps aux sanctions ecclésiastiques.”¹⁷¹

¹⁶⁸ Durand-Dol, “La confrérie du Saint-Esprit de Marseille,” 136.

¹⁶⁹ Durand-Dol, “La confrérie du Saint-Esprit de Marseille,” 136.

¹⁷⁰ Durand-Dol, “La confrérie du Saint-Esprit de Marseille,” 130.

¹⁷¹ Durand-Dol, “La confrérie du Saint-Esprit de Marseille,” 135.

By 1216, however, the confraternity of 1212 no longer invoked the patronage of the Holy Spirit, as evinced by the sale by Raymond Geoffroi, viscount, of an eighth of the seigneurie to a group of inhabitants acting in the name of the *universitas* and the commune of Marseille, without any person qualified as “rector of the confraternity of Saint-Esprit;”¹⁷² the names of rectors from 1214 appear, but only as witnesses. Durand-Dol sees this subsequent disassociation as a reaction to Lateran IV’s confirmation, in 1215, of the Trinity in response to the Trinitarian heresies afflicting Christendom, a ruling which resulted in a reluctance to invoke the Holy Spirit alone. A comparison of the rectors of the 1212 confraternity with the members of the hospital, furthermore, reveals that they are not the same, a point which, according to Durand-Dol, underscores the distinctiveness of the hospitaller confraternity and the confraternity of 1212.¹⁷³

Although Durand-Dol’s evidence is far more comprehensive than can be developed in the space of this chapter, the above summary illustrates the persistent debate over the origins of the hospital of Saint-Esprit in Marseille and its connection to the 1212 confraternity. Historians like Fabre and Durand-Dol attribute the hospital’s foundation to the montpelliéran Order of Saint-Esprit, while historians like Mortreuil interpret the hospitaller confraternity of Marseille as independent of the Order and a precursor to the emancipatory confraternity of 1212. Outside of these two narratives, one historian has articulated a history that reconciles these possibilities.

Paul Brune, in his *Histoire de l’Ordre Hospitalier du Saint-Esprit*, proposes a compromise between these historiographical traditions. According to Brune’s interpretation, the hospital in Marseille was founded by a confraternity established for this purpose. In 1188, the *confrères* purchased a house from the abbey of Saint-Sauveur in which they would receive the poor, sick, and abandoned infants. When this house proved insufficient for their intentions,

¹⁷² Durand-Dol, “La confrérie du Saint-Esprit de Marseille,” 137.

¹⁷³ Durand-Dol, “La confrérie du Saint-Esprit de Marseille,” 136.

Hospinel, one of the *confrères*, donated a contiguous piece of land on which to erect a new building. The brothers of Saint-Esprit of Montpellier were then called to serve the institution, though the confraternity and, later, the consuls, assumed the material governance of the hospital.¹⁷⁴ Unlike the narratives of Fabre, Durand-Dol, and Mortreuil, Brune's narrative does not function within a clerical/lay dichotomy. In this tale of origins, the founding impetus arose from a confraternity, while its Christian vocation was served by an already extant religious order. Yet Brune, like Fabre, provides little evidence to support this tale of institutional inheritance. The appearance on the cover of many of the hospital registers of the Lorraine cross – the symbol of the Order of Saint-Esprit –, however, lends credence to Brune's theory.¹⁷⁵

This thesis does not seek to resolve this one-hundred-fifty-year debate over the origins of the hospital. The laconic nature of the evidence resists such an effort. Rather, the historiographical discussion above has sought to illustrate, first, that the links between the marseillais hospital and the montpelliéran Order are tenuous, and, second, that, even if it cannot be proven that the confraternity of the hospital of Saint-Esprit in Marseille was a precursor to the 1212 emancipatory confraternity, Durand-Dol's research has proven that the hospital played a clear role in legitimizing the latter's existence, if only for a time. This role of the hospital in Marseille's emancipatory efforts is characteristic of the nature of early confraternities more generally. According to Le Blévec, “la charité a été...l'un des éléments structurants de la vie communautaire. Dans un temps de défiance du pouvoir politique et religieux à l'égard des consulats et des confréries, elle a pu même se présenter comme un lieu de cristallisation des aspirations émancipatrices.”¹⁷⁶

¹⁷⁴ Paul Brune, *Histoire de l'Ordre Hospitalier du Saint-Esprit* (Lons-Le-Saunier: Librairie catholique C. Martin, 1892), 371.

¹⁷⁵ See Appendix A for images of this cross. Glessgen has found this symbol in the *Thesaur*, also.

¹⁷⁶ Le Blévec, *La part du pauvre*, I, 290.

Perhaps most significant for this study, however, is the result to which the introduction of every register points: by the year 1306 – the year to which the earliest extant accounts date and the *terminus a quo* of this study – the hospital’s administration was clearly under municipal oversight. The beginning of every register reminds its reader of the hospital’s civic associations, noting the annual election of two hospital rectors by the *viguier* and the municipal council of Marseille, the same council to whom they rendered their records. The council’s oversight of the Hospital of Saint-Esprit throughout the later Middle Ages (and, perhaps, earlier) is characteristic of the municipalisation of charity that transpired in the thirteenth and fourteenth centuries in Provence; it also distinctive amongst the medieval hospitals of Provence for the early date of this municipal involvement.¹⁷⁷ The council would gradually extend its jurisdiction over other charitable institutions throughout the fourteenth century. When Bernard Garnier founded the Hospital of Saint-Jacques-de-Galice, he stipulated it should also be placed under municipal jurisdiction. Similarly, when the Hospitals of Notre-Dame-de-l’Annonciade and Notre-Dame-de-l’Espérance were established, the council elected their rectors, and an extant Rule of Saint-Lazare from 1485 reveals that the rectors of this institution swore to the *viguier* and council “gouvernar lo dich hospital et de procurar la utilitat d’a quella de tot lor poder...”¹⁷⁸

Testamentary practices between the end of the fourteenth century and the fifteenth century reveal the popularity of municipalised caregiving amongst the laity; from April 1371 – the date by which it was finally operational – onward, the Hospital of Saint-Jacques-de-Galice received the greatest number of bequests, followed closely by the Hospital of Saint-Esprit; according to

¹⁷⁷ Gouffran notes that “contrairement à d’autres villes du Midi où les institutions charitables témoignent plutôt d’un lent processus de laïcisation des structures d’accueil au cours du XIV^e siècle, le gouvernement urbain de Marseille semble avoir très rapidement pris le contrôle total de l’assistance...À ce sujet le cas du Saint-Esprit est particulièrement représentatif,” “Les acteurs de l’assistance,” 87.

¹⁷⁸ Villard, “La léproserie de Marseille au XV^e siècle et son règlement,” 193.

Gouffran, “la preference est clairement accordée aux hôpitaux places directement sous le contrôle de l’autorité municipal et administer par les membres de l’élite urbaine.”¹⁷⁹ The role of the municipal council in the administration of Saint-Esprit extended beyond the annual election of rectors and, by the beginning of the fifteenth century, touched on internal affairs. In this light, the Hospital of Saint-Esprit can be seen as an expression of civic, as well as Christian, concerns.

2.3 The Hospital and the City

The Hospital of Saint-Esprit was firmly rooted in the civic fabric of Marseille. On the most basic level, it was the physical space in which civic matters played out. Until 1348, the municipal council had always convened in the Hôtel de Ville (the *palais de Marseille*), located behind the Hospital of Saint-Esprit; from 24 February of that year, onward, however, they assembled “*in aula domus hospitalis pauperum Sancti Spiritus de Massilia*.”¹⁸⁰ It is unclear why they chose to relocate to the hospital on this date. Fabre speculates, based on evidence from an act dated 25 January 1396, that *la sala del consell*¹⁸¹ in the hospital was twenty metres long and six metres wide.¹⁸² It was located above the women’s hospital¹⁸³ and contained fifteen benches, two large chests – one of which contained old cartularies –, and a ladder.¹⁸⁴ Fabre describes how

bien des agitations se manifestèrent dans cette enceinte où l’ardeur des passions marseillaises se donna librement carrière. La jalousie des familles les plus considérables, l’esprit d’inquiétude et de rivalité, ce vague besoin d’intrigue qui travaille incessamment les assemblées délibérantes, ces discussions d’intérêts publics toujours compliquées d’intérêts particuliers, éclatèrent en débats bruyants dont le repos des pauvres malades eut souvent à souffrir.¹⁸⁵

In 1423, the Hospital of Saint-Esprit also became a makeshift court of law for the city. The

¹⁷⁹ Gouffran, “Les acteurs de l’assistance,” 81.

¹⁸⁰ Registre des délibérations du conseil municipal de Marseille, as cited in Fabre, *Histoire des hôpitaux et des institutions de bienfaisance de Marseille*, I, 78.

¹⁸¹ 1 HD E 11, f. 122r.

¹⁸² Fabre, *Histoire des hôpitaux et des institutions de bienfaisance*, I, 79.

¹⁸³ *l’espital de las donas donas q[ue] es desostz la sala en q[u] si fa lo qu[n]selh*. 1 HD E 13, f. 9r.

¹⁸⁴ *xv bancxs, ii grans arcas e l’una a cartolaris anticxs, i escala*. 1 HD E 11, f. 122r.

¹⁸⁵ Fabre, *Histoire des hôpitaux et des institutions de bienfaisance*, I, 80.

reason for this relocation is clear. On 20 November of that year, the Catalans breached the port and attacked and burned much of the city.¹⁸⁶ Counted amongst this destruction were the law courts, which had previously been held in the open air, in the marketplace in front of the Church of Notre-Dame-des-Accoules. On 5 December, the scribe of Saint-Esprit notes that, “on this said day, *mossen* the judge of the palace arrived at this present house to remain, continually, by order of the *senhos* of the royal council and by consent of *sen* Urban Johan, rector, and was assigned the middle room for his bedroom.”¹⁸⁷ This relocation bred hostility amongst the marseillaises; legal proceedings had always been public spectacles – their visibility in the marketplace entertained and edified – and the walls of the hospital made the spectacle less accessible to the public.¹⁸⁸ The decision to assemble these official bodies within the walls of Saint-Esprit may have simply been opportunistic. The hospital was centrally located and had the space to accommodate them. Even if these presences were incidental, however, the appropriation of the hospital for civic matters rooted it firmly in the civic landscape of Marseille.

But the hospital was more than just the space in which civic matters took place; it was, itself, an expression of civic responsibility. The council clearly articulated this responsibility in February 1359, when they recalled that “l’Hôpital du Saint-Esprit devant être, comme l’indique son nom, l’hôpital des pauvres du Christ, l’enfant qu’on y a recevra la subsistence de l’Aumônerie du dit hôpital ainsi que les enfants qui se trouvent dans la même situation.”¹⁸⁹ To ensure this, the municipal council oversaw the administration of the institution in whose rooms they convened. Each year, the council and the *viguiers* elected two rectors who oversaw the

¹⁸⁶ The consequences of this attack for the hospital is examined in more detail in Chapter Two.

¹⁸⁷ 1 HD E 34, f. 64v: *lo jorn dich es intrat mossen lo juge de palays en aquest present hostal per far sa demora continua per[commandament dels senhos del concel rial e de contentament de sen urban johan rector e fon li assignada la cambra meidana per son dormit.*

¹⁸⁸ McDonough, *Witnesses, Neighbors, and Community in Late Medieval Marseille*, 124.

¹⁸⁹ Philippe Mabilly, *Inventaire Sommaire des archives communales antérieurement à 1790. Série BB* (Marseille: Moullot Fils Aîné, 1909): 87.

hospital's finances. A register from 1365 characteristically records this election: "*E[n] nom de nostre senhor dieus e de madona santa maria maire siena e de tostz los sans e las santas de paradis e de salvament d'arma e de quos sia ament aquest quartolari es del regiment de sen bernat de quonquas e de johan johan rectos del espital de sant esperit de mass[elh] sostz l'an mcccclxv a xxvii de novembre a ordenastz per lo quo[n]selh e per lo viguier de mass[elh] ...*"¹⁹⁰

An inventory from 1357 includes amongst the other spaces of the hospital *la cambra dels regtos*, in which was found:

- 1 red silk cover bequeathed by Uguia Montanha, which bore the arms of the Montanhas and inscriptions and was intended to cover the dead when they were brought to the cemetery¹⁹¹
- 5 silk covers (*gubertos de seda*)
- 5 *primas* covers (*vanohas primas*)
- 2 old, worn covers (*vanohas vielhas auls huzadas*)
- 6 old, worn silk pillows (*aurelhies de seda viels uzatz*)
- 1 table (*taula*), 2 planks (*taulons*), and 1 small chest on the table which contains money (*qaiseta sus la taula en que sta moneda*)
- 2 chests of the city containing privileges (*qaisas de la sieutat am prevelegis*)
- 8 chests, large and small (*qaissas grantz et pauqas*)
- 1 mirror (*miralh*)
- 4 crest flags (*paves esgutz*)
- 1 oratory (*horatori*)
- 1 bench (*banqz*)
- 2 covers (*flasadas*)
- A large quantity of cartularies and books in the chests (*en las qaissas trobaron gran qantitat de gartas e de libres*)
- A small sac containing four quarters of the 15 weights of the flour bequeathed by Durant de Jerusalem in the small chest (*en la qaiseta trobares i saquet ee que ha iiii kartar dels xv pes de la farina que laiset sen dura[n]t de Jerusalem sensals a l'espital q[ue] non sen paguet ren pasat son xx antz*)
- 1 Agnus Dei, garnished with silver, with a silk cord (*annus dei garnit d'arjent a cordon de seda*)

The value – both monetary and symbolic – of these items contrasts markedly with the more

¹⁹⁰ 1 HD E 15, f. 2r.

¹⁹¹ *i gubertor de seda vermell e grueg loqall nos det dona uga montanha molh[e]r sa-entias de sen Bertran montanhan e son hi las armas dels montanhas e dels escrivans e fon de pati que del dig gub[er]tor vagan gubert los mortz fin a la sebuturia gals hisiran de l'espital*

austere furnishings of the other rooms in the hospital,¹⁹² and attests to the power and authority – both actual and symbolic – of the rectors.

Laure-Hélène Gouffran has suggested that “les fondations hospitalières jouent un rôle fondamental pour des élites toujours en recherche d’une implication plus importante au sein de la vie publique de leur ville.”¹⁹³ Members of some of the most powerful families in Marseille frequently occupied the position of rector in the Hospitals of Saint-Esprit and Saint-Jacques-de-Galice, and the social capital that this position conferred suggests that these institutions played an important role in urban elites’ realisation of civic aspirations. Members of the families Jerusalem and Monteolivo can be found in this post between the end of the fourteenth century and the mid-fifteenth century, and individuals like Guilhem de Cavalhon and Bertrand de Rocafort held the position more than once. Gouffran concludes that “comme le rôle de syndic ou d’auditeur des comptes, le poste de recteur participe aux stratégies d’ascension sociale et à la recherche de distinction des élites urbaines.”¹⁹⁴

The silk cover that bore the arms of the Montanha family, bequeathed by Uguia Montanha and intended to serve as a pall during the funerary procession further establishes the hospital as a conferrer of social capital. The social capital sought through such a bequest depended on the visibility of the spectacle. As Martina Saltamacchia has suggested, funeral procession sanctioned visually and physically the passage of the deceased from the world of the living to the world of the dead.¹⁹⁵ Although the records provide no clues on the route of the procession, both the hospital and the cemetery at Notre-Dame-des-Accoules, where the dead of the hospital were

¹⁹² These rooms are explored in Chapter Two.

¹⁹³ Gouffran, “Les acteurs de l’assistance hôpitaux et élites urbaines à Marseille à la fin du Moyen Age,” 76

¹⁹⁴ Gouffran, “Les acteurs de l’assistance hôpitaux et élites urbaines à Marseille à la fin du Moyen Age,” 88.

¹⁹⁵ Martina Saltamacchia, “Funeral Procession from Venice to Milan; Death Rituals for a Late-Medieval Wealthy Merchant,” in *Dealing with the Dead: Mortality and Community in Medieval and Early Modern Europe*, ed. Thea Tomaini (Boston: Brill, 2018), 218.

buried, were located in the heart of the city. Even if the procession followed a direct route from the hospital to the cemetery, the pedestrian traffic of the great market of Accoules and the spectators of the proceedings of both the civil and criminal courts would have witnessed the spectacle.¹⁹⁶

The rectors were charged with maintaining the hospital's accounts and, throughout the fourteenth century, can be found acting in a primarily financial capacity. The account registers often begin by noting the balance carried forward from the previous administration. After recording that Bernat de Favas and Bonet Rainaut were *ellegutz per los vi prohomes et per lo viguier* in 1338, for example, the scribe noted that they received 48 *lib.* 2 *s.* 5 *d.* from Guilhem Blanc and Huguo Mesier, the previous rectors.¹⁹⁷ While the rectors and council did not finance the hospital, they did control its assets and the generation of income to ensure that it maintained enough funds to fulfill its caritative function. Thus, when the hospital suffered financially in 1368, the council ruled that "les recteurs de l'hôpital du Saint-Esprit pourront vendre certaines propriétés dudit hôpital pour subvenir à la nourriture des pauvres."¹⁹⁸ To ensure the financial integrity of the Hospitals of Saint-Esprit and Saint-Jacques-de-Galice, the municipal council audited their accounts, as on 25 February 1380, when they required the rectors of both institutions to present their accounts for examination.¹⁹⁹ Rectors' financial responsibilities also extended to inheritance disputes, of which several appear throughout the period under consideration. One of the most contentious revolved around the 1364 testament of Johan Atos, who had bequeathed to the hospital a rather substantial annual and perpetual rent of fifty *livres*.

¹⁹⁶ On the function of spectacle in the urban landscape, see *City and Spectacle in Medieval Europe*, ed. Barbara A. Hanawalt and Kathryn L. Reyerson (Minneapolis: University of Minnesota Press, 1994).

¹⁹⁷ *Item. reseupem de sen Guille[m] bla[n]c et de sen huguo mesier e[n] deniers qua[n]t laisero[n] lo regime[n]t...xlviij lib. ii s. v d. 1* HD E 6, f. 1r.

¹⁹⁸ Mabilly, *Inventaire Sommaire des archives communales antérieurement à 1790. Série BB*, 125.

¹⁹⁹ Mabilly, *Inventaire Sommaire des archives communales antérieurement à 1790. Série BB*, 148.

When his son, Johan, challenged the bequest, the hospital became embroiled in a bitter dispute that played out in the secular and episcopal courts. The pope eventually intervened. Throughout these legal challenges, it was the rectors, Jacme Repellin and Auguier Madier, who represented the interests of the hospital.²⁰⁰ References to inheritance disputes and the costs attached to their defence in court appear frequently in the financial accounts, and the most contentious demanded the attention of the municipal council, who acted, at times, in defence of the hospital²⁰¹ and, at other times, as the audience to whom these disputes were initially presented, likely in an attempt at reconciliation before pursuing more official legal channels.²⁰²

By the end of the fourteenth century, the rectors become more visible in the day-to-day caregiving of the hospital. Although their responsibilities seem to have remained primarily financial, the appearance of the construction “*de comandament dels rectors*” in entries concerning caregiving suggests that they occasionally dictated the provision of care. On 12 April 1399, for example, Guilhem de Cavallhon, *rector*, appears to have acted on behalf of the hospital when he gave 8 s. to the wife of Peire Vidal to give, *per amor de dieu*, to a *paure femena*, a donation for which the hospital reimbursed him.²⁰³ On 28 February 1410, they gave, *de comandamen dels senhors rectors*, 2 gr. to a *paure home on carriera nova* who had nothing with

²⁰⁰ *Manifesta cauza sia a tos los senhos rector que ve[n]ram apres nos jaume repellin ez augier madier con joha[n] ates filh q[ue] fon de mos[en.] joha[n] atos a fa[c]h a son poder de levar d'allmorna que laysat son payre mosen joha[n] an la cort seclar ez a[n] la cort de l'evesque e nos ave[m] li ho defendut a nostre poder, e ca[n]t ell iii q[ue] no[n] e[n] podia aver son e[n]tendeme[n]t festant an l'evesque d'avinho[n] ez a[n] voluntat de nostre senhor lo papa...*¹ HD E 14, f. 1r. The appearance of inheritance disputes in the accounts are too numerous to list here. Some will be discussed in Chapter Two.

²⁰¹ On 15 May 1382, for example, “après un exposé fait par Pierre Amiel, notaire, frère de feu Hugues Amiel, aussi notaire, qui avait laissé ses biens aux pauvres du Saint-Esprit, et après une réponse de Jean Astrèges, recteur de l'Hôpital, le Conseil décide que lesdits Pierre et Jean nommeront chacun un arbitre pour donner une solution à cette affaire,” *Inventaire Sommaire des archives communales antérieurement à 1790. Série BB*, 160.

²⁰² On 7 May 1403, for example, “le Conseil autorise les recteurs de l'hôpital du Saint-Esprit à défendre le dit hôpital contre les ordonnances de l'évêque relatives aux testaments de Julien de Casaulx, Jacques Stornel et autres,” *Inventaire Sommaire des archives communales antérieurement à 1790. Série BB*, 196.

²⁰³ *Item. aquel jort baylien a sen G[uilhem] de cavallhon q[ue] donet a la molher de peyre vidal q[ue] debia donar p[er] amor de dieu a i paure femena.*¹ HD E 21, f. 62v.

which to treat his three sick children.²⁰⁴ When a sick woman, Johana, was brought to the hospital on 28 January 1417, the rectors directed that she be given a *pitansa ordenaria*.²⁰⁵ And, on 6 November 1431, they ordered that Sicart Martin, a sick man from a galley from Narbonne, be brought to the hospital.²⁰⁶ Although more examples can be added to this list, their presence in the records should not be overstated; while, in the fifteenth century, they are more common, they are not frequent. As the records become increasingly more detailed in this period, furthermore, it is difficult to determine whether their visibility is a result of greater involvement or of evolving record-keeping practices. Regardless, these verbal constructions indicate a concern by rectors – and, thus, the city – for the kind of care the hospital offered.

As the evidence above illustrates, the rectors of the Hospital of Saint-Esprit served as agents of the municipal council to ensure the maintenance and proper conduct of the Hospital of Saint-Esprit in Marseille. By assuming responsibility for the hospital, the city of Marseille participated in the municipalisation of caregiving that transpired increasingly throughout the later Middle Ages. In late medieval Montpellier, for example, the consuls were patrons of the hospitals of Saint-Éloi, Saint-Jacques, Sainte-Marie, and Saint-Lazare, provided subsidies for their almsmen, and oversaw the financial accounts.²⁰⁷ According to Le Blévec,

...le mouvement est général. Il vise à mettre en place des réseaux de protection sociale qui vont aussi devenir des moyens de contrôle de la frange la plus mouvante, et potentiellement la plus dangereuse, de la population citadine; il accompagne les mesures en faveur de l'hygiène publique et d'une meilleure maîtrise de l'espace urbain. Veiller sur la santé des habitants, travailler à la diminution de la faim et de la misère des plus défavorisés, sont des préoccupations qui s'inscrivent dans l'élaboration d'une nouvelle

²⁰⁴ *Item. a xxviii de fevrier de coma[n]damen dels senhors rectors ai donat p[er] amor de dieu a i paure home que esta en carriera nona p[er] iii enfans que eran malautz e non avia de que lur dones a majar donei lur ii gl. montan...lib. v s. iii d. 1 HD E 28, f. 90r.*

²⁰⁵ *Item. lo jorn dich fon aportada dona johana malauta e de coma[n]dame[n]t dels senhos rectos deu aver pitansa ordenari. 1 HD E 31, f. 32v.*

²⁰⁶ *l'an mil cccc xxxi dimars a vi de novembre es estat portat i malaute en l'espital de sant sperit de mass[elha] p[er] coma[n]dame[n]t dels senhos sendeges es vengut en la galeya de narbona son nom es sicart martin. 1 HD E 37, f. 91v.*

²⁰⁷ Dumas, *Santé et société à la fin du Moyen Age* (Boston: Brill, 2015), 260.

idéologie de la ville, caractéristique des derniers siècles du Moyen Age.²⁰⁸

The hospital's care, then, addressed concerns that were both Christian *and* civic; while its care responded to a Christian charitable imperative through the institutionalization of the seven corporal works of mercy, the municipal council's control of, through care for, the marginal members of marseillais society places it within broader context of urban health in this port city.

2.4 Urban Health in Marseille

Public health has, in recent years, emerged as a category of analysis in medieval history. Scholars like Carole Rawcliffe and Guy Geltner have sought to define and capture the scope of communal wellbeing in medieval cities. Geltner coined the term “healthscaping” to capture this approach, defining it as “a physical, social, legal, administrative and political process of providing their environments with the means to safeguard and improve residents’ wellbeing.”²⁰⁹ Rawcliffe, in her exploration of the subject in medieval England, emphasizes the wide-reaching scope of communal health in the Middle Ages, challenging previous definitions of public health as connoting a concern independent of and broader than the individual, a distinction which, she argues,

would have puzzled a medieval magistrate, who made few distinctions between the working of the civic body and the complex network of veins, arteries, nerves, spiritus and organs encased within his own mortal flesh. *He* inhabited a world in which such personal vices as gluttony, sexual promiscuity and the reluctance to work seemed to threaten the wellbeing of entire communities like a toxic miasma, weakening their resistance to disease and even inviting divine retribution.²¹⁰

²⁰⁸ Le Blévec, *La part du pauvre*, I, 296.

²⁰⁹ Guy Geltner, “Healthscaping a medieval city: Lucca’s *Curia viarum* and the future of public health history,” *Urban History* 40.3 (2013): 396.

²¹⁰ Carole Rawcliffe, *Urban Bodies: Communal Health in Late Medieval English Towns and Cities*, 5-6. For a study of health and society in the Midi, see Geneviève Dumas, *Santé et société à Montpellier à la fin du Moyen Age* (Boston: Brill, 2015), which provides a similarly interdisciplinary approach to the subject and sheds light on the attitudes toward and mechanisms of healthcare in a medieval city.

Municipal statutes, council records, and hospital accounts indicate that the health of the body politic became of increasing concern to the municipal council in later medieval Marseille, also. Their initiatives conceived of health broadly and encompassed both the physical and moral wellbeing of the city and thus align with Rawcliffe's conceptualization of communal health, whose observation that "rulers of English towns and cities became more sensitive to contemporary medical ideas about the avoidance of polluted air and the dangers of substandard food, while tending increasingly to stigmatise certain types of 'unhygienic' behaviour – such as idleness and prostitution – that appeared to undermine and to fragment the urban body," can be applied similarly to medieval Marseille.²¹¹ The porous borders of the port made Marseille especially vulnerable. It was through the port that the Black Death allegedly entered the city, establishing Marseille as "the most important avenue through which the disease reached France and the north,"²¹² and it is through the port that so many of the afflictions the Hospital of Saint-Esprit treated passed. The records from the municipal council reveal the city's efforts to maintain communal health through the governing of borders and bodies. Measures included the employment of city physicians, the provision of food in famine, the maintenance of water supplies, the regulation of the sale of fish, the expulsion of lepers and prostitutes, and more. Although the subject of urban health in medieval Marseille is too extensive to develop fully here, a brief examination of some of the city's efforts to maintain the health of the body politic will shed light on their concern for the marginal members – the sick poor – whom the hospital served.

One measure the city took to maintain the health of the body politic was the effort to ensure a certain level of food security in times of crisis. From 1318 to the Black Death, Marseille experienced a series of famines. Records from this period reveal repeated and concerted efforts

²¹¹ Rawcliffe, *Urban Bodies*, 354.

²¹² Smail, "Accommodating plague in medieval Marseille," *Continuity and Change* 11 (1996): 11.

by the city to find the “moyens de faire cesser la disette du blé et autres denrées.”²¹³ These measures, which are explored more fully in Chapter Four, included placing bans on the exportation of wheat, monitoring shops and private homes to ensure that no one monopolized the limited supplies and that excess went to the poor, contracting individuals to import wheat from elsewhere, and borrowing up to two thousand gold florins from each citizen to purchase wheat for the city, amongst other measures. Christopher Beck has examined the municipal council’s suspension of letters of marque in periods of food shortage, a decision they made *pro utilitas publica*, for the public good. Beck argues that “these suspensions were voice in the language of *utilitas public*, or the greater benefit of the public. This emphasis reflected pervasive medieval attitudes towards the proper care of Christian communities and the role of governing forces in preserving Christian unity.”²¹⁴ The extents to which the city went to secure victuals for its citizens thus suggest that authorities conceived of urban health as a civic responsibility. They expressed this responsibility, also, in the regulation of the sale of food.

As a city shaped by the rhythms of the sea, the sale of its products naturally attracted the council’s attention. Fishing, particularly, features prominently in the municipal statutes and in the council records. Fishers occupied a space at the entrance of the port, near fort Saint-Jean, where they could sell small fish caught by nets, like sardines, wrasse, bogues, cuttlefish, and others, for personal consumption before having to bring them to the Poissonnerie for sale.²¹⁵ Big

²¹³ Mabilly, *Inventaire sommaire des archives communales antérieures à 1790. Série BB*, 6.

²¹⁴ Christopher Beck, “Common good and private justice: letters of marque and the *utilitas publica* in fourteenth-century Marseille,” *Journal of Medieval History* 41.1 (2015): 91. According to Beck, in November 1329, to secure grain supply for the city, the council went so far as “to authorize not only what amounted to ‘emergency piracy’ but also to clamp down on the marketplace and quarantine the town to prevent illicit grain trading. Great public need resulted in bold actions from the council for the sake of the greater good,” 98.

²¹⁵ *Les statuts municipaux*, ed. Régine Pernoud (Paris: Librairie Auguste Picard, 1949), XLVIII; see Book 1, chapters 49 and 50 of the statutes (p. 59-60) for the originals. In 1318, the council reiterated that all fish brought to Marseille must be sold in the Poissonnerie and nowhere else (Mabilly, *Inventaire sommaire des archives communales antérieurement à 1790. Série BB*, 6).

fish had to be cut into smaller pieces, so that no piece exceeded a cost of two *sous*, with the exception of tuna, which could be sold whole.²¹⁶ All fish brought to the Poissonnerie had to be fresh and of good quality (*pisces boni et recentes*), and salted fish must be free of putrefaction (*omni putredine careant*);²¹⁷ that which was not could be returned to the seller.²¹⁸ Sometimes, regulations arose from public concern, as in 1362, when Silvestre Angles submitted a request on behalf of himself and several other fishermen for the regulation of fishing *au gangui*, as “au moyen de cet engin on prend des poissons malsains et dangereux pour l'alimentation tels que les picarels et les mendolles (*gerlas et amendolas*).”²¹⁹ Fishers were also forbidden to fish, day or night, with bait that makes the fish harmful to health.²²⁰ The council was concerned, as well, to avoid the pollution of the streets with the waste of this commerce. Thus, in 1332, they issued a proclamation forbidding the throwing of fish waste in the Poissonnerie and in neighbouring streets,²²¹ and, in 1376, they forbade fishmongers to wash, clean, etc. fish in the streets.²²²

Perhaps the most familiar expression of urban health manifested in the municipal council's efforts to employ a city physician.²²³ Like many cities, Marseille struggled to retain doctors. In 1365, in response to this scarcity, the council appointed delegates to find the means to finance a permanent and salaried post.²²⁴ Though they succeeded financially, they continued to struggle to fill it and, in August 1368, they searched for “un médecin, chrétien ou juif, pour la ville de Marseille” in case *maître* Pierre Gilabert of Grasse, whom they had, presumably,

²¹⁶ *Les statuts municipaux*, LV; see Book 1, chapters 50 (p. 59) and Book 6, chapter 17 (p. 197) for the statutes.

²¹⁷ In 1318, the municipal council issued a proclamation reiterating the prohibition on the sale of putrid fish. Mabilly, *Inventaire sommaire des archives communales antérieurement à 1790. Série BB*, 11.

²¹⁸ *Les statuts municipaux*, Book 1, chapter 50 (p. 59).

²¹⁹ Mabilly, *Inventaire sommaire des archives communales antérieurement à 1790. Série BB*, 96.

²²⁰ Mabilly, *Inventaire sommaire des archives communales antérieurement à 1790. Série BB*, 130.

²²¹ Mabilly, *Inventaire sommaire des archives communales antérieurement à 1790. Série BB*, 38.

²²² Mabilly, *Inventaire sommaire des archives communales antérieurement à 1790. Série BB*, 139.

²²³ For a broad survey of medical practitioners in medieval Marseille, see Barthélemy, *Médecins à Marseille avant et pendant le Moyen Âge* (Marseille, 1883).

²²⁴ Mabilly, *Inventaire sommaire des archives communales antérieurement à 1790. Série BB*, 109.

engaged tentatively, was unable to come.²²⁵ Even when they offered additional incentives, the post remained difficult to fill, as in Italy, where towns struggled to hire city physicians because the private employment proved more lucrative.²²⁶ In 1375, the municipal council of Marseille provided a house for Guillaume Colomb, physician, and his wife,²²⁷ a provision which, by May 1378, appears to have been insufficient to ensure his retention; after negotiations that began on 5 May, on 20 May, Colomb agreed to remain in the city's service only after they agreed to raise his salary to 100 *francs d'or*.²²⁸ In October 1383, the urgent need for physicians and surgeons led the council to amend the ruling from 1376 that required Jews – whether they were physicians or not – to wear a wheel made of red cloth on their breast;²²⁹ the amendment permitted physicians and surgeons to wear one made only of silk or thread, instead.²³⁰

The city was concerned, also, with the regulation of the medical care they sought to provide for their citizens. The chapter entitled *de medecis, physicis et surgicis*²³¹ in the thirteenth-century municipal statutes required that all physicians and surgeons swear to care for and counsel *bona fide et sine fraude* those in their care, and to exercise their office *bene et fideliter*; and that medicines, syrups, and other necessities for the sick be prepared *diligenter et bona fide* as best and faithfully as possible. It forbade them to enter into a business partnership

²²⁵ Mabilly, *Inventaire sommaire des archives communales antérieurement à 1790. Série BB*, 131.

²²⁶ For a study of town physicians in Italy, see Vivian Nutton, "Continuity or Rediscovery? The City Physician in Classical Antiquity and Medieval Italy," in *The Town and State Physician in Europe from the Middle Ages to the Enlightenment* (Wolfenbüttel: Herzog August Bibliothek, 1981), 9-46. According to Nutton, the first (verified) extant reference to a *medico condotto* appears in 1214 in a contract between Ugo Borgognoni and the city of Bologna, p.30.

²²⁷ "Les syndics pourvoiront maître G. Colomb, médecin, aux gages de la Ville, d'une maison suffisante pour lui et sa femme," Mabilly, *Inventaire sommaire des archives communales antérieurement à 1790. Série BB*, 134.

²²⁸ Mabilly, *Inventaire sommaire des archives communales antérieurement à 1790. Série BB*, 143.

²²⁹ Mabilly, *Inventaire sommaire des archives communales antérieurement à 1790. Série BB*, 135.

²³⁰ Mabilly, *Inventaire sommaire des archives communales antérieurement à 1790. Série BB*, 171. The ruling from 1376 does not appear to have originally deterred Jewish practitioners from filling the post in Marseille, as, in 1380, a Jewish physician from Aix, Salomon, served as the city's physician (p. 149); the revision in 1383 suggests that the issue intensified in subsequent years.

²³¹ The practices of each of these professions will be explored in more detail in Chapter 3. This section is concerned with public health as a civic responsibility and, thus, relies on more regulative sources.

with any apothecary, and required that *confectiones et syrupos quas et quos conficient, legaliter et sine fraude conficient vel confici facient*. Those who refused the above were denied the ability to practice in Marseille. To enforce the regulations, the city elected two or three *probi viri de melioribus medicis Massilie, et qui peritiores sint in arte phisicali*, to evaluate the competency of their peers and to report to the council those incompetent in the art; those deemed incapable would be forbidden to practice in Marseille.²³² An entry in the municipal council records from July 1340, in which they ruled that “les syndics, vu le péril imminent, feront observer le statut d'après lequel les médecins et les apothicaires doivent exercer fidèlement leurs professions,”²³³ suggests that the city struggled to prevent potentially exploitative associations between these two professions. The Crown of Aragon similarly forbade such associations, for, as Michael McVaugh has observed, “to the public, indeed, the economic connection between physician and apothecary had long seemed both conspicuous and dangerous. Suspicions of the relationship are manifest,

²³² Book II, chapter 35, *Les statuts municipaux de Marseille: Decernimus ut omnes physici et syrugici teneantur speciali sacramento omnes infirmos quos in cura sua habebunt bona fide et sine fraude curare et consiliari et circa eos bene et fideliter suum officium exercere; et quod medecinas et syrupos aliaque infirmis necessaria diligenter et bona fide, prout melius et fidelius poterunt, comparabunt et comparari facient, et quod non facient scienter infirmos comparari aliquid, nisi id quod eis videbitur expedire infirmis et necessarium fore. Et quod nullam societam habebunt cum apothecariis; et quod confectiones et syropos quas et quos conficient, legaliter et sine fraude conficient vel confici facient.*

Et curia teneatur eos medicos omnes facere jurare predicta omnia bona fide se facturos, peracturos et adimpleturos sine fraude et dolo. Et si per curiam nollent hoc facere, non permittantur deinceps in Massilia praticari; cuilibet enim viro provido et discrete convenit ut officium suum et scientiam sine omni suspicionem exerceat.

Statuentes similiter quod duo vel tres probi viri de melioribus medicis Massilie, et qui peritiores sint in arte phisicali, debeant eligi et elegantur annuatim a rectore vel consilibus Massilie infra duos menses incipii sui regiminis, quod jurati debeant inquirere et inquirant ac scrutentur diligenter mone alios medicos Massilie praticantes, quicumque sint, et illos quos inter eos invenerint non esse ydoneos vel sufficientes scientia physicie, sive non esse tolerandos ad utilitatem communis seu hominum Massilie, nominent et decant eos, in scriptis redigendo nomina eorum consules predicti prohibeant sub sacramento predictis nominates omnibus quod inde abstineant ab exercicio vel practica supradictis in civitate Massilie prorsus ab eis faciendis. Et si quis contra hoc practiando non admissus, primo etiam comprobatus a predictis tribus vel duobus viris phisicis, venire presumpserit, puniatur inde in 60 s., et nichileminus a tota civitate Massilie velut perjurus et expellatur.

Qui, ex quo eo semel probati sun vel erunt, ut dictum est, deinceps in dicto officio tolerantur, premissis non obstantibus, nisi delictum superveniens aut alia forte intolerabilia intervenirent, propter que illi essent merito removendi inde.

Decernentes insuper ut medici admissi et comprobati, preeunte scrutinio, ut supradicitur, teneantur speciali sacramento infirmos sive ergotantes quos sub cura sua suceperunt bis saltem in die visitare.

²³³ Mabilly, *Inventaire sommaire des archives communales antérieurement à 1790. Série BB*, 46.

for example, in the municipal contracts that require a physician to swear that ‘he will have no ties...with any apothecary,’ and in municipal attempts to regulate apothecaries accordingly.”²³⁴

The desire of civic authorities to provide and regulate medical practice in Marseille parallels similar practices in Italy²³⁵ and the Crown of Aragon,²³⁶ both of which contracted city physicians before the beginning of the fourteenth century, and contrasts markedly with the situation in Paris, where the university regulated the medical profession.²³⁷

Despite its prevalence, disease and disease prevention feature only infrequently in the municipal council records. Unlike some cities, Marseille does not appear to have implemented any preventative measures during the Black Death;²³⁸ Smail’s examination of notarial records from the period of the Black Death reveals that its effects entered the consciousness of the marseillaises only in the years following the epidemic.²³⁹ Leprosy, however, attracted significant attention from the authorities. Suspicion and exclusion characterized their discourse. The chapter entitled *De leprosis, nisi in certis temporibus, in Massilia non tolerandis* stipulated “that, hereafter, no *leprosi seu mezelli*, wealthy or poor, may or ought to remain or dwell in Marseille, except for fifteen days before Easter, and for eight days before Christmas, as their company is unsightly and damaging to others, and their touch can easily induce corrupted parts in healthy

²³⁴ McVaugh, *Medicine before the Plague: Practitioners and their Patients in the Crown of Aragon, 1285-1345* (Cambridge: Cambridge University Press, 1993), 122.

²³⁵ Vivian Nutton, “Continuity or Rediscovery? The City Physician in Classical Antiquity and Medieval Italy,” in *Town and State Physicians from the Middle Ages to the Enlightenment*, ed. Andrew W. Russell (Wolfenbutel, 1981), 9-46.

²³⁶ McVaugh, *Medicine before the Plague*, 190-200.

²³⁷ See Danielle Jacquart, “Medical Practice in Paris in the first half of the fourteenth century,” in *Practical Medicine from Salerno to the Black Death*, ed. Luis Garcia-Ballester, 186-210.

²³⁸ The *Inventaire sommaire des archives communales antérieurement à 1790. Série BB* contains only one reference to the plague in an entry from May 1349 concerning the collection from the ovens in light of the drastic population decline.

²³⁹ Smail, “Accommodating Plague in medieval Marseille,” 14.

people;” those found violating this statute would be punished by the rectors or council.²⁴⁰ On 12 August 1320, the municipal council, in accordance with this statute, ordered the expulsion of all lepers from the city within three days.²⁴¹ A fear of contagion is apparent. By 1376, Marseille’s municipal council required physicians to visit all those suspected of suffering from leprosy.²⁴² Two years later, to prevent its spread, they summoned physicians from Marseille and elsewhere to examine, at the expense of the city, individuals with the disease,²⁴³ and appointed Guillaume Elie, Aycard de Roquefort, and Rolland Aymond to ensure that all afflicted leave the city.²⁴⁴ Dumas’ research on healthcare in Montpellier, where officials similarly employed physicians to examine individuals potentially afflicted by leprosy, has revealed “une pratique du diagnostic tout à fait fidèle à l’enseignement universitaire.”²⁴⁵ McVaugh has outlined the five indicators of leprosy according to Arnaud of Villanova’s *De signis leprosororum*:

- (1) voice – harsh rather than clear;
- (2) urine – whitish, with little clots like bran that tinkle when the urinal is swirled;
- (3) pulse – weak;
- (4) blood – yields graininess when strained through a cloth; when allowed to stand and settle, salt will not dissolve in the supernatant;
- (5) members – thinning out or loss of hair and lashes, deformation of the face, ulceration of the nasal septum, roughened skin anywhere on the body, loss of sensation in the extremities.²⁴⁶

In Montpellier, it was public rumour that brought suspects to the consuls’ attention, although, as a case from 1310 in the Crown of Aragon illustrates, a charge of leprosy was defaming, and

²⁴⁰ Book 5, Chapter 15: *Presenti constitutione firmamus deinceps observandum/ quod nulli leprosi seu mezelli, divites vel pauperes, possint vel debeant stare infra Massiliam nec conversari deinceps, nisi tantum per quindecim dies ante Pascha, et per octos dies ante Natale Domini, cum eorum conversatio ceteris sit indecens et dampnosa, et eorum contagium possit de facili sanis hominibus inducere corruptelam. Quod si quis contra fecerit, et invento infra Massiliam malum aliquod sive dampnum proinde illatum vel irrogatum fuerit, illud dampnum impunitum remaneat, et nichilominus ille qui dictos leprosos infra muros civitatis Massilie receperit vel tenuerit puniatur inde arbitrio rectoris vel consulum predictorum.*

²⁴¹ Mabilly, *Inventaire sommaire des archives communales antérieurement à 1790. Série BB*, 17.

²⁴² Mabilly, *Inventaire sommaire des archives communales antérieurement à 1790. Série BB*, 139.

²⁴³ Mabilly, *Inventaire sommaire des archives communales antérieurement à 1790. Série BB*, 144.

²⁴⁴ Mabilly, *Inventaire sommaire des archives communales antérieurement à 1790. Série BB*, 143.

²⁴⁵ Dumas, *Santé et société à Montpellier à la fin du Moyen Age*, 294.

²⁴⁶ McVaugh, *Medicine before the Plague*, 223.

individuals might voluntarily submit to medical authorities to be cleared of the social stigma bred by such accusations.²⁴⁷ In Marseille in 1381, on the recommendation of physicians, two delegates were charged with transferring those afflicted to the Hospital of Saint-Lazare which,²⁴⁸ as noted above, was situated outside the city walls, on the road to Aix. In 1383, they forbade all afflicted from entering the city.²⁴⁹ The city's tendency toward social exclusion is consonant with official discourses surrounding leprosy in this period. Attitudes toward leprosy had always been ambiguous;²⁵⁰ Le Blévec describes them as “une oscillation permanente des autorités civiles et de la population à leur égard entre rejet et tolerance, entre ségregation et intégration, attitude conforme à l’ambivalence, depuis les premiers temps du christianisme, de la vision du lépreux, pécheur puni pour ses fautes, mais aussi image du Christ souffrant.”²⁵¹ At the Third Lateran Council in 1179, however, the Church, like lay authorities, officially adopted a position of exclusion when it ruled that all lepers should be segregated.²⁵² Yet, as Carole Rawcliffe has illustrated, lepers were not as marginal in medieval society as official discourses might suggest.²⁵³

The discourse of exclusion that rendered lepers marginal in Marseille characterized their discourse on other social groups, as well. In Marseille, the exclusion of lepers appears amongst statutes concerning Jews.²⁵⁴ These statutes forbade Jews to work “*publice vel in aperto*” on

²⁴⁷ Luke Demaitre, “The Description and Diagnosis of Leprosy by Fourteenth-Century Physicians,” *Bulletin of the History of Medicine* 59 (1985): 343.

²⁴⁸ Mabilly, *Inventaire sommaire des archives communales antérieurement à 1790. Série BB*, 151.

²⁴⁹ Mabilly, *Inventaire sommaire des archives communales antérieurement à 1790. Série BB*, 171.

²⁵⁰ See, for example, Carole Rawcliffe, *Leprosy in Medieval England* (Boydell Press, 2006).

²⁵¹ Le Blévec, *La part du pauvre*, II, 835.

²⁵² Robert Moore, *The Formation of a Persecuting Society* (Malden: Blackwell Publishing, 1987, 1990, 2007), 49.

²⁵³ Carole Rawcliffe, *Leprosy in Medieval England* (Rochester: Boydell Press, 2006).

²⁵⁴ For a study of Jews in medieval Marseille, see Juliette Sibon, *Les Juifs de Marseille au XIV^e siècle* (Paris, Cerf: 2011).

Sundays or other solemn feast days observed by Christians;²⁵⁵ they required Jewish males seven years and older to wear a yellow cap or, if they were unwilling, a large wheel the size of a man's palm on their breast, and married Jewish women to wear veils that covered their heads and faces (*orales*);²⁵⁶ and they forbade them to use of the public baths every day except Friday.

This last prohibition extends also to prostitutes, who were permitted at the baths only on Mondays.²⁵⁷ The statutes contain various other prohibitions against and regulations of prostitutes, which they define as public women who live in a *lupinari seu meretricali domo* or who have two or more men visit them, day or night, *animo si[n]e causa vel gracia libidinis seu luxurie cum ea faciente*. Various sumptuary requirements aimed to make prostitutes easily identifiable and thus distinguish them from honest women, just as Jewish sumptuary requirements aimed to distinguish them from Christians. Prostitutes were also forbidden to stay or reside near various religious institutions in the city.²⁵⁸ In 1381, the council elected Peire Garneri to expel the prostitutes from the *sixain* of Saint-Jacques.²⁵⁹

These regulations, however, are merely prescriptive. As recent scholarship that has revisited the question of marginality reveals, in practice, the place of such individuals was

²⁵⁵ “*Ne judei operentur diebus prohibitis*,” Book 5, Chapter 8, *Les statuts municipaux de Marseille: Statuimus ut curia teneatur prohibere Judeis ne operentur aliquid publice vel in aperto diebus dominicis vel aliis festis solempnibus que a Xpistianis observantur vel coluntur. Et si contrafecerint, puniantur inde arbitrio curie*.

²⁵⁶ “*De signo quod debent portare Judei*,” Book 5, Chapter 14, *Les statuts municipaux de Marseille: Statuimus quod omnes Judei a septem annis supra portent vel deferant calotam croceam, vel, si noluerint, portent in pectore unam rotam latam et magnam ad modum plame hominis, ita quod eam nullatenus cooperiant; et similiter omnes Judee maritate undecumque sint portent orales. Et si quis contra fecerit, solvat proinde qualibet vice pro pena 5 s., vel plus ad libitum rectoris*.

²⁵⁷ “*De prohibition facta Judeis et meretricibus ne sint in stupis diebus prohibitis*,” Book 5, Chapter 8 in *Les statuts municipaux de Marseille: Constituimus inviolabiliter observandum ne aliquis a modo tenens stupas vel balnea recipiat in dictis stupis vel balneis ad balneandum vel stupandum Judeum vel Judeam, nisi tantum una die singulis septimanis, scilicet die veneris; nec similiter recipiat meretricem publicam seu mancipam, nisi dumtaxat una die, videlicet in singulis septimanis die lune. Et si quis contra fecerit, det pro banno Communi 60 s. et plus, arbitrio rectoris. Statuentes similiter ne predicti, Judei scilicet, nec Judee, nec meretrices dicte, ullo temerario ausu intrent stupas seu balnea, nisi in diebus sibi supra concessis; et quicumque ex eis contra fecerit puniatur inde arbitrio rectoris vel consulum*.

²⁵⁸ Book 5, Chapter 12 in *Les statuts municipaux de Marseille*.

²⁵⁹ McDonough, *Witnesses, Neighbours, and Community in Late Medieval Marseille*, 162, n. 61. McDonough also examines the efforts made to reform prostitutes in the city on page 21.

ambiguous. Lepers were integral to charitable ideology and relegated to the margins of the city less often than earlier scholarship suggested.²⁶⁰ Jews played a central role in marseillais society, even as they were victims of apparent hostility.²⁶¹ Prostitutes were integrated into daily life in the city.²⁶² Still, such regulations attest to the concern of civic authorities to regulate individual bodies in the interest of the wellbeing of the body politic; like other issues of urban health, they dictated who and what could be in “public” space.

Ambiguous attitudes toward the poor rendered them, like lepers, Jews, and prostitutes, marginal in the later Middle Ages; the Hospital of Saint-Esprit’s care for the sick poor thus institutionalized civic concerns for the physical and moral health of the city, concerns to which the above measures bear witness. As McDonough has noted, society vacillated between sympathy for and suspicion of the poor in the later Middle Ages.²⁶³ In the twelfth century, canonists “began to define the legal status of poor persons; they concluded that, because poverty itself was not a moral evil, individuals so afflicted should not be deprived of their legal rights. Consequently, in ecclesiastical courts paupers were exempted from the payment of certain court fees and in some instances were provided with free counsel.”²⁶⁴ The case of a marseillaise woman who chose to self-fashion as poor in an attempt to win the sympathy of the court suggests that secular courts could be equally compassionate to the poor.²⁶⁵ In Manosque, for example, court notaries sometimes noted that sentences or penalties were mitigated because of poverty

²⁶⁰ Rawcliffe, *Leprosy in Medieval England*.

²⁶¹ Sibon, *Les Juifs de Marseille au XIVe siècle*.

²⁶² Susan McDonough discussed the place of prostitutes in Marseille in her paper, “Let’s Not Talk About Sex: Prostitutes as Knowledge Brokers in the Medieval Mediterranean,” at the 2017 Annual Meeting of the Medieval Academy of America, University of Toronto.

²⁶³ McDonough, “Impoverished mothers and poor widows: negotiating images of poverty in Marseille’s courts,” *Journal of Medieval History* 34 (2008): 64-78.

²⁶⁴ Brodman, *Charity and Welfare: Hospitals and the Poor in Medieval Catalonia* (Philadelphia: University of Pennsylvania Press, 1998), 3.

²⁶⁵ McDonough, “Impoverished mothers and poor widows.”

(*mitigant pena quia pauper*).²⁶⁶

Sympathetic responses stemmed from soteriological concerns and from compassion bred by an intimate familiarity with the hardships of the period.²⁶⁷ Michaud has observed an increasing tendency of testators to give directly to the poor in the period between 1330 and 1348.²⁶⁸ This phenomenon coincided with a greater concern for the material existence of the needy, and the increasing attention beneficiaries paid to the quality of material gifts suggests that the hardships experienced by all social classes due to the famines and financial crises of the period resulted in an empathy for the suffering of the poor of Christ; testaments thus reveal “un désir accru des disposants de prescrire des dépenses qui ne semblent pas pour autant se limiter à la seule subsistance du pauvre.”²⁶⁹ The contractual nature of giving rendered the benefits of these gifts twofold; the act of giving helped to assuage the material suffering of the beneficiary, and the prayers the beneficiary offered in exchange for this gift helped to expiate the benefactor’s sins. This power of intercession meant that the moral character of the intercessor mattered, and society came increasingly to distinguish between the deserving and undeserving poor. According to Mollat,

Social attitudes from the middle of the fourteenth century on were shaped by the idea that some people deserve charity, namely, those who through no fault of their own are unable to live by the fruits of their labor. Society’s pity was reserved for them alone. The increase in the number of ‘able-bodied beggars’ after the middle of the fourteenth century aroused instinctive, unthinking defensive reactions intended to ‘reduce beggars and vagabonds to obedience.’²⁷⁰

²⁶⁶ Steven Bednarski, *Curia: A social history of a court, crime, and conflict in a late medieval town* (Montpellier: PULM, 2013).

²⁶⁷ For a discussion of the role of compassion in attitudes toward hospitals and charity, see Adam Davis, “Hospitals, Charity, and the Culture of Compassion in the Twelfth and Thirteenth Centuries,” in *Approaches to Poverty in Medieval Europe*, ed. Sharon Farmer, 23-46 (Turnhout: Brepols, 2016).

²⁶⁸ “...ce sont les pauvres de Christ, ainsi symboliquement désignés, qui suscitent la bienfaisance, surtout à partir des années 1330,” Michaud, “Le pauvre transformé,” 281-282.

²⁶⁹ Michaud, “Le pauvre transformé,” 282.

²⁷⁰ Mollat, *The Poor in the Middle Ages*, 290.

Geremek has argued that “the injunction to distinguish between worthy and unworthy poor – a distinction naturally reinforced the idea of a contract,” and individuals like the fifteenth-century preacher Geiler von Kayserberg claimed that “giving alms to the ‘wrong’ sort of pauper – in other words to one who is not deserving – is harmful to the giver as well as to the recipient of charity.”²⁷¹

Increasingly in the later Middle Ages, then, society expressed suspicion of, as well as sympathy for, the poor. Mollat, describing the situation in the fourteenth century, notes that

It is a small step from mistrust to fear, from suspicion to accusation. People were afraid not so much of the beggar’s indigence as of his idleness, his rootlessness, and his anonymity. They no longer knew with whom they were dealing. Mistrust stemmed not only from ignorance of what he was capable of doing: stealing, setting fire to barns, raping women, killing animals and people, poisoning the wells, casting spells. But such crimes were really the least of people’s worries, isolated acts committed here and there by individuals or small groups. A much more serious concern was the possibility of rebellion.²⁷²

Roman law prohibited the testimony of *testes inhabiles* and, in the Middle Ages, “deposer était un honneur auquel ne pouvaient prétendre ni les infames ni les pauvres dont on craignait la corruption.”²⁷³ The *Digest of Justinian*, for example, “required judges to ascertain whether witnesses were ‘well off or needy, so that they may readily act for gain,’” and, in the marseillais courts, “at the end of his or her testimony, the court notary asked each witness ‘if [they] were taught, instructed or suborned, and if they testified out of love, fear, favour, hatred or rancour. Also if they were given anything, remunerated, or if they testified as a result of a favour or threat...”²⁷⁴ To allay suspicion, marseillais judges required witnesses to disclose their net

²⁷¹ Geremek, *Poverty: A History* (Cambridge: Blackwell Publishers, 1994), 47.

²⁷² Mollat, *The Poor in the Middle Ages*, 251.

²⁷³ Schnapper, “*Testes inhabiles*: Témoins reprochables dans l’ancien droit penal,” *The Legal History Review* 33 (1965): 580.

²⁷⁴ McDonough, “Impoverished mothers and poor widows,” 75-76.

worth.²⁷⁵ Manosquin lawyers, at times, used accusations of poverty to discredit witnesses. In a case concerning a murder in a tavern, one lawyer accused two witnesses of poverty and other faults to cast suspicion on their testimonies. First, he alleged that Bertrandus Aventi was a “*homo pauper valorem terginta aureorum in bonis non habens necnon frequentator tabernarum in eis bibens nocte et die et se in eis inebrians ad tacillos ludere de deo eius matre turpiter palam et publice jurare...*” then, he claimed that the wife of the deceased, Geralda, was a “*pauper mulier valorem xxi aureorum non habens in bonis necnon est et erat mulier rixosa verbose ebriosa et criminosa.*”²⁷⁶ In order for these accusations to persuade, they must have echoed social sentiment; lawyers capitalized on a deeply rooted suspicion of the poor in Provençal society in order to strengthen their own cases.

The municipal council’s oversight of an institution which cared for the poor – the Hospital of Saint-Esprit – can thus be interpreted as another example of the city’s response to marginalized groups. This conclusion is not intended to invoke a Foucauldian narrative of power and discipline; the hospital and council records from this period are devoid of repressive narratives of the poor. Rather, it seeks to contrast how authorities responded to various marginalized groups in an attempt to maintain urban health. Although the hospital, in some ways, contained the poor, unlike the prescribed segregation of lepers, prostitutes, and Jews, its contributions to the health of the city were more physical and social than moral.

At times, the hospital provided for the health of the body politic by responding to needs that were explicitly civic. In 1397, for example, the Hospitals Saint-Esprit and Saint-Jacques-de-Galice for a sum of 1,000 gold florins, a loan which the city would repay through the revenues

²⁷⁵ *Ibid.*

²⁷⁶ 56 H 986 f. 23-46v. My thanks to Prof. Steven Bednarski for sharing these records with me.

from the wheat tax.²⁷⁷ And, in 1431, the hospital provided support for a certain Jaume Turel, who it seems was aiding the city to mount a defence against the Catalans. According to the accounts, on 9 May, the syndics order the hospital to provide food, drink, and place to sleep to Jaume, who was aiding the army of the city; this same day, they also provided a pound of candles for Jaume for the army. Perhaps most surprisingly, on 5 June, the hospital provided a sum “to help the army and for gunpowder and for things necessary for the city for the siege of the Catalans.”²⁷⁸

These provisions are exceptional; generally, the hospital responded to the needs of the sick poor in the city; according to Mabilly’s inventory, when in 1359 the city council addressed the hospital’s vocation they stated that “l’Hôpital du Saint-Esprit devant être, comme l’indique son nom, l’hôpital des pauvres du Christ,”²⁷⁹ As Chapter Four will demonstrate, the hospital responded to the needs of the poor at an individual level through the performance of the seven corporal works of mercy. As Chapter Five illustrates, the hospital – and, by extension, the city – assumed also responsibility for the “*enfans gitats o autres de vila*,”²⁸⁰ who, like the sick poor, lacked community in the city.

²⁷⁷ “Lo Thesaur del hospital de Sant Sperit, KXXX II, p. 163.

²⁷⁸ 1 HD E 37, f. 40r: *Plus lo jorn dich [9 May] que los senhos se[n]deges an coma[n]dat que sen jaume turel deges manjar e beure en lo dich ostal e e dormir per baylar l’arney de la dicha vila a despendut lo dich robinet per pan e per vin e per companage que jeu era a sant onerat/...gr. i qr. d. Plus le dich jorn per i librum de candelas per lo dich jaume per baylar arney de nueg...gr. qr. ii d. iiiii.*

[40v:] *Plus. divenres a xx v de may tant per xi presonies e per ordenari de ostal que eran los Catalans devantz masselha ay despendut...gr. i qr. i d. iiiii/ [...]* *Plus dimars a v de juin per ordenari que la ma[n]yana sen jaume turnel e son fil per baylar l’arney e polvera de bo[m]barda e causas nessessari per la vila per lo seti dels Catalans ay pagat...gr. i qr. ii.*

[44r:] *Plus dimenge a xviii de novembre per ordenari e per porquies e per sen jaume turel e per aquelles de narbona e per tos...g. i qr. iii.* Another on the verso: *Plus. divenres xxiii per ordenari e par v prisonies e per sen jaume turel e per lo nebot del malaute de narbona...gr. i qr. i d.*

²⁷⁹ *Inventaire sommaire des archives communales antérieure à 1790. Série BB, t. 1, 87.*

²⁸⁰ 1 HD E 31 (50r). This heading is exceptional, but significant; the absence of any descriptive adjectives for the infants in many of the entries leaves open the possibility of the care for infants who occupied a status different than “*gitat*,” of which this heading provides further evidence.

2.5 Conclusion

This chapter has sought to illustrate the relationship between the Hospital of Saint-Esprit and the civic authorities in late medieval Marseille. It has suggested that the hospital was, simultaneously, an instrument and an expression of civic aspirations in Marseille. Like the confraternity, the socio-religious function of Saint-Esprit granted it a legitimating function; association with it conferred social capital and helped citizens to ascend politically. At the same time, the municipal council's governance of the hospital manifested their concern for the health of the body politic. The hospital responded to needs ranged from the security of the city against attack to the care of an abandoned infant, all of which guarded against the vulnerability of Marseille's body politic.

Part Two: The Social History of Saint-Esprit

Chapter 3: The Hospital: Its Household and Resources

3.1 Introduction

The previous chapters explored the socio-cultural landscape out of which the Hospital of Saint-Esprit developed. This chapter is concerned with the operational aspects of life at the Hospital of Saint-Esprit. Its focus lies in the quotidian details to which the records lend themselves so well, and focuses, broadly, on four such aspects: the physical space in which care was provided; the individuals who provided this care and their relationship to the institution; the sources of income that sustained these operations; and the effects of external crises on administration. These details shed light not only on the material aspects of daily life, but also on the social practices, pressures, and values that shaped them. Incomes in the form of bequests, for example, illuminate cultural perceptions of the poor and the reciprocal relationship between donors and their recipients, while the adaptation of property management strategies in the wake of the Black Death demonstrates the effects of social crisis on institutional administration.

3.2 Location and Architecture

As noted in Chapter Two, the Hospital of Saint-Esprit was located on the street that ran along the cemetery of the church of Notre-Dame-des-Accoules²⁸¹ near the Great Market.²⁸² Constant expenditures on renovation and construction of the hospital suggest, perhaps unsurprisingly, that the hospital evolved and expanded during the period under consideration and, certainly, from the time of its foundation in 1188. As Glessgen has noted, one can identify three phases of development in the early years of the hospital's establishment: first, in 1188, the assumption, from the monastery of Saint-Sauveur, of a leasehold for a house with adjoining garden on the

²⁸¹ Amargier, "La situation hospitalière à Marseille," *Cahiers de Fanjeaux* 13: *Assistance et charité* (1978): 242.

²⁸² Smail, *Imaginary Cartographies*, figure 2, p.46.

Montée-du-Saint-Esprit; second, at the end of 1188, the donation of building ground (*luega*), with the permission of the monastery of Saint-Sauveur, to the hospital by its co-founder, Hospinel; and, third, the expansion by six metres of the house of Guirald de Garrigis, another co-founder. According to Glessgen, while it is unclear whether Guirald received a building permit for his private home or as a representative of the hospital, for the hospital's expansion, it is reasonable to assume that the hospital founders provided an existing building with garden to the Hospital of Saint-Esprit, possibly with adjacent undeveloped land, at the end of 1188, and that this north-south facing building was rebuilt and expanded the following year.²⁸³

Although the account registers shed little light on the hospital's architecture, both Mortreuil and Glessgen have used extensive documentation outside of these sources to recreate the early structure. The main entrance to the hospital faced west or south and could be accessed from Montée-du-Saint-Esprit by a stone staircase, while a second, eastern entrance faced the square.²⁸⁴ By the mid-fourteenth century, at least, the hospital consisted of a main, two-storey building and other adjacent houses. Inventories recorded in the hospital accounts from 1350, 1357, 1363, 1364, 1365, and 1367 consistently enumerate the contents of fifteen main spaces; though their designations sometimes differ (presumably, based on need), they, generally, include: the Council room; the treasury; the scriptorium; the refectory; the pantry; the kitchen; the storehouse for bread and wine; the two infirmaries; the infants' room; and the brothers', sisters', and *donats'* rooms.²⁸⁵ The upper floor of the main house contained the rooms of the various brothers and sisters and "official" spaces – the treasury (*trazauraria*), the scriptorium (*la canbra en que si fa la razo laiszem*), and the Council room (*la sala del consel*), directly below

²⁸³ Glessgen, *Lo liber del tresaur*, 231.

²⁸⁴ Glessgen, *Lo liber del tresaur*, 231.

²⁸⁵ 1 HD E 11-16.

which, on the ground floor, was the women's infirmary (*l'espital de las donas que es desos la sala del consel*),²⁸⁶ as well as the men's infirmary (*l'espital dels homes*), and, perhaps, the infants' room (*la canbra en que solian jazer los enfans*).²⁸⁷ Occasional expenditures on cleaning and maintenance reveal a women's latrine; in 1363, for example, they paid a man to clean it,²⁸⁸ and, in 1417, they paid two apprentices of Master Simon Peyries to repair the foundation that he had built in the women's latrine.²⁸⁹ Though the accounts contain no mention of a men's latrine, we should assume one existed. It is unclear whether or not the main house also contained the pantry (*carniera*), refectory (*refector*, *la sala gran en que manjan la gent*), and kitchen (*fughana*). We do know that the wine cellar (*sellier*) was located in a separate house that bordered a cellar garden (*buehga del sellier*), the women's infirmary, and the *cariera Bocaria*,²⁹⁰ and could be used, according to Mortreuil, for the serving and sale of excess wine. The inventories also list the contents of the pigsty and stable, structures whose location the inventories do not disclose, but which contained pigs, sows, piglets (*porcs e truegas e porcels*), two mules (*mul*s), and, in 1365, a black foal (*polhi negre*). The inventories also describe a space called the *despensa*, another sort of pantry or storehouse that held bread and wine (*la despensa en que si ten pan e vin*), as well as the copper bucket used to draw water from the well in front of the hospital,²⁹¹ an essential feature donated to the institution some time in its early years²⁹² and

²⁸⁶ "The women's hospital, which is below the room of the council," 1 HD E 14, f.10r.

²⁸⁷ Though these rooms appear in the inventories in 1 HD E 11-16, the reconstruction of the space is derived from Mortreuil, "L'hôpital Saint-Esprit de Marseille," 177. He also places an archive on the ground floor, though the inventories do not discuss such a space.

²⁸⁸ 1 HD E 13, f. 61r: *Item. per i home que curet la privada de las donas al jorn sus dig...quontan...lib. vi s.*

²⁸⁹ 1 HD E 31, f. 80r: *Item. a iii de desembre sson statz ii juvenomes de maystre symon peyries per rep[er]ar lo fonduda q[ue] se facha en las latrinas de las donnas en que han stat xvii jors que gasanhan per home lo jorn ii gl.z mon. fl. iii g. vi gr. ii quej valon...lib. v s. xiii d. iiiii*

²⁹⁰ 1 HD E 14, f.10r: *Item. l'ostal en que si fa sellier en l'hostal de sus lo sellier que si confronta am l'espital de sus las donas ez an lo bueh[ga] del sellier ez a la bocaria*

²⁹¹ 1 HD E 11, f. 126r: *ferat de coure a traire aigua es cazuh e[n] la pos*

²⁹² *Lo Thesaur*, trans. Glessgen, I 2, describes *una carta continent comsi la-font que es davant l'espital fon dada al-dit hospital*, but does not include a year.

one which they kept locked, as an expenditure from 1457 for a key for and repairs to the hinged lid on the well indicates.²⁹³ Perhaps unsurprisingly, the hospital locked many of their doors and, in 1409, prioritized the security of various spaces, spending a rather substantial sum of 9 *lib.* 15 s. 4 *d.* on locks and keys for the meat locker (*carn salada*), the pigsty, the pasture, the small door to the *despensa*, the small orchard, the large door on the *bona carriera*, and several of their properties.²⁹⁴

Substantial expenditures on construction labour and material in 1394 indicate that Saint-Esprit underwent expansion at the end of the fourteenth century.²⁹⁵ This expansion entailed the construction of three new rooms in the hospital, one of which is referred to as the *canbra de la petita terrassa*. The “little terrace” itself was likely another feature of the expansion project, as, on 31 July of that year, the rectors paid a *maystre dels verials* 1 *fl.* 16 s. to pave it.²⁹⁶ Other expenses included the purchase and transport of hundreds of tiles for the hallways and rooms, planks of walnut for the stairs, rocks for a stone doorway, and payment for the labour of plasterers (*gipier*) and painters (*penihidor*). This expansion is, perhaps, surprising, given that the inventories attest to a declining capacity in the infirmaries in the latter half of the fourteenth century.

²⁹³ 1 HD E 45, f. 17v: *Item. ay pagem i clau per la font et adobar la sarralha et i palmella a xiii de mars i gr. d...s.*

²⁹⁴ 1 HD E 28, f. 93r: *Item. en lo tinell de mont per i sarralha e i clau ii gr. Item per i sarralha guarnida per lo selier viiii gr. Item per i clau a la carn saladera i gr. Item per i clau a la porta de las ayguas i gr. Item per i clau a la privada e i cadena i gr. i qr. Item per i clau mutada a la selier i gr. i qr. Item per i senhal de ferre am las armas de l'espital ii gr. Item per iii anells per la porta del vergier ques costa la gualviera i gr. Item per i serrallh e iii anells per la porta que fer en la bona carriera ii gr. Item ii graylas xviii gr. Item per i altra clau per la gran porta que fer en la bona carriera i gr. i qr. Item per sarralha e ii anells per la porta de la porquaria ii gr. Item per la barra de la porta de la porquaria e per i craupon i gr. i qr. Item per i clau a la pasteria i gr. Item per i clau a la petita ^porta [de]^ despensa i gr. Item per adobar la sarralha del hostal de la pelissaria en que sta monet bertra i gr. 3. Item per i aste ambe pes i fl. Item per la sarralha de sen Jacme Stornel ii gr. Item per i sarralha a l'estudi ii gr. Item per i sarralha e clau al petit vergier iii gr. Item per i serra iii gr. que monta tot...viiii lib. xv s. iii d.*

²⁹⁵ The accounts refer to the payment of individuals for the *obragis que a fac a sant sperit ez a las canbras novas*. 1 HD E 95, p.10.

²⁹⁶ 1 HD E 95: *Item. la sapta a xxxi del mes de jul. receupi de sen jacme estornel per pagar lo maystre dels verials per enseme[n]tar la petita terrassa del espital...i fl. e xvi s.*

Though the hospital did not possess its own chapel – an absence discussed in greater detail in Chapter Four – it did, in the first half of the thirteenth century, have a cemetery at its entrance that was covered by a *crota* (Lat., *crypta*) or *testudo*, a vault. Mortreuil describes this *crota* as a type of Byzantine peristyle that covered the cemetery,²⁹⁷ an interpretation that Glessgen rejects, arguing instead that the term likely refers to an externally accessible substructure, perhaps in the form of a crypt, under the southern incline of the house.²⁹⁸ As the records describe only *lo sementeri de l'hospital sota la crota*²⁹⁹ and *cimiterium quod est sub crota dicte domus Sancti Spiritus*,³⁰⁰ one can only speculate. More significant is the reference to the cemetery itself, a contested space in the history of Saint-Esprit.

The right of burial constituted a significant point of contention between the Hospital of Saint-Esprit and the monastery of Saint-Sauveur. Cemeteries were lucrative and, as Ian Forrest has demonstrated for Hereford, often disputed in medieval societies.³⁰¹ Before the thirteenth century, the hospital relied on the church of Notre-Dame-des-Accoules for administration of the sacraments and could bury the brothers and sick only in the church cemetery, not the hospital, cemetery. In 1203, however, the first commander of the hospital, Radulphe, reached a compromise with the monastery of Saint-Sauveur, who held the feudal rights to the land on which the hospital was built. By this compromise, the parties conceded to the hospital the right of burial but did not lift the prohibition against administration of the sacraments. Mortreuil speculates that this dispute formed the basis for the bull of Innocent III, which accorded the hospital the right to a chapel, chaplain, and cemetery. In 1216, Pope Honorius III – the same

²⁹⁷ Mortreuil, “L’hôpital Saint-Esprit de Marseille,” 173.

²⁹⁸ Glessgen, *Lo liber del tresaur*, 232.

²⁹⁹ Glessgen, *Lo liber del tresaur*, I 2.

³⁰⁰ Mortreuil, “L’hôpital Saint-Esprit de Marseille,” 173.

³⁰¹ Ian Forrest, “The Politics of Burial in Late Medieval Hereford,” *English Historical Review* 125 (2010): 1110-1138.

pope who placed the hospital under the dependence of the Montpellier order – gave the hospital to the monastery of Saint-Sauveur, a concession renewed by Innocent IV in 1246. According to Mortreuil, a certain Pierre Giraud revived the debate over right of burial when he insisted on being buried in the cemetery of Notre-Dame-des-Accoules. This debate continued under the administration of Frère Durand, commander after Pierre Giraud, and culminated in the Inquest of 1235, which addressed, again, the relationship between Saint-Esprit and Saint-Sauveur. The episcopal court, contrary to the chapter, ruled that the right of burial belonged to the hospital, not the church. This, however, did not resolve the conflict. When Durand refused to pay homage to the abbess of Saint-Sauveur, Innocent IV, in a bull dated 3 November 1246, appointed the prior of Sainte-Marie of Manosque to address the claims of the commander against the monastery and, ultimately, obliged him to submit to the act of fealty. This order required Saint-Esprit to pay an annual rent of 15 *sous royaux* to Saint-Sauveur. Despite this ruling, in November 1249, Durand refused to pay the 15 *sous royaux*. The sentence from the legal dispute that ensued ruled not only that the commander and brothers of Saint-Esprit were required to pay an annual rent of 15 *sous royaux*, but also, that, every time a new preceptor of the hospital was elected, the brothers must immediately render the keys of the hospital to the abbess, who was to return them without delay to the newly elected preceptor, though this ritual did not grant the monastery seigneurial right over the hospital. Most significantly for this chapter, the sentence also ruled that the remains of the brothers that had been interred in the hospital cemetery were to be exhumed and transferred to the cemetery of Notre-Dame-des-Accoules. For the part of Notre-Dame-des-Accoules, the priors and other priests of the church could not refuse to administer to the spiritual needs of the brothers and sick at Saint-Esprit and must assist with their funerals.

Despite this thirteenth-century ruling, the hospital accounts reveal clearly that, in 1341,

Saint-Esprit was still or, perhaps, again, burying their dead in the hospital cemetery. Income from the cemetery appears in the registers between 1306 and 1341, after which it ceases to appear as a source of income. It is possible that, for a time, such incomes were subsumed into income from alms, since, when cemetery collections do appear, they always appear in conjunction with alms (*los deniers dels basins e de sementeri*). It is clear that, by 1363, however, the hospital was burying their dead in the church cemetery. At this point, burials became an expense, rather than a source of income; payment for the transport of the dead to the cemetery appear amongst the expenses for that year.³⁰² More tentative evidence permits a tentative narrowing of the date for this new burial site to between 1348 and 1357: On 28 July 1348, the hospital paid a certain Catalan to *claure* the cemetery, a term that connotes either “to close” or “to enclose;” while it is tempting to turn to the former to provide a definitive date for the abandonment of the hospital’s cemetery, especially since the labourer received only 3 s. 4 d. for the work, the terse entry permits only speculation, though expenditure of any kind on the cemetery suggests its use at, or until, this point. The second piece of evidence appears in the inventory from 1357, which notes the presence in the rectors’ room of the red silk cover from Uga Montanhan intended to cover the dead when they were carried to the cemetery from the hospital. As noted in the previous chapter, the political intentions of this gift depended on the visibility of a procession, and so we might assume a distance between the hospital and the site of burial – even one as short and the distance between the hospital and church – that precludes the hospital cemetery.³⁰³ Without more explicit reference before 1363, however, such observations remain speculation.

³⁰² 1 HD E 13, f. 58r, for example, notes an expense of 3 s. 4 d. *per portar i home a la fossa*.

³⁰³ 1 HD E 12, unfoliated: *Premieramentz i gubertor de seda vermell e grueg logall nos det dona uga montanha[n], mollher saentias de sen R. montanhan e fon hi las rmas dels montanhas e dels escrivans e fon de pati que del dig gubertor vaga gubert los mortz fin a la seventura gals his ira[n] del espital...gubertor de seda...i*

If the mid-fourteenth century inventories reveal only glimpses of the architecture and uses of the hospital complex, the details of their contents permit, as Smail has illustrated, a sort of “documentary archaeology” of these spaces.³⁰⁴ Unlike the dynamic nature of the accounts in which they are bound, the inventories themselves are static and capture only specific moments in time.³⁰⁵ And, as Riello has argued, they “are not ‘snapshots of reality,’ but the result of strategies, biases and representational intentions.”³⁰⁶ Still, their insights are rare and depict the mundane details of daily life that so often elude historians of the later Middle Ages. We learn from them that a table (*taula*), two smaller tables (*taulons*), and three benches (*bancxs*) furnished the scriptorium. On the larger table sat a case of documents (*caisxa d’escritz*), a brass cross (*cross de leton*), a chest that contained privileges (*prevegis*), the book of the brothers’ oaths (*libre sacramental que fon los fraires del espital cascan*), a breviary (*breveari*), and a book made of parchment with a green cover in which was recorded the rents and properties, houses, lands, and vineyards held by the hospital. In a chest made of walnut and poplar were five sacks that contained the charters of previous rectors. Other cases contained other documents related to the administration of the hospital; more mundane are the wooden cross, the mirror, the iron candelabra, the florin scale. The ordinances of the hospital, written on parchment and nailed to a piece of wood, hung in the room.³⁰⁷ This Rule does not survive and its presence in the inventory confirms that Saint-Esprit was a regular community.³⁰⁸ The treasury contained objects of value: silk covers and pillows, a small case that held money, four crest flags (*paves escus*), a silver

³⁰⁴ Smail, *Legal Plunder: Households and Debt Collection in Late Medieval Europe* (Cambridge: Harvard University Press, 2016), 9.

³⁰⁵ Giorgio Riello, “Things Seen and Unseen: The Material Culture of Early Modern Inventories and Their Representation of Domestic Interiors,” in *Early Modern Things: Objects and Their Histories*, ed. Paula Findlen, 136 (New York: Routledge, 2013).

³⁰⁶ Riello, “Things Seen and Unseen,” 127.

³⁰⁷ 1 HD E 11, f.121r: *Item. ia taula pendent de fusta en que es clavat i parguamin en que es escrih los ahordenaris del espital*

³⁰⁸ The term “regular community” is used here to connote a community living under a *regula*.

agnus dei with a silk cord (*anus dei garni d'arjent am cordon de seda*), a glass mirror (*mirall de veyre*), a portable altar-shrine dedicated to Notre-Dame. The infirmaries, like the rooms of the sisters and brothers, were modestly furnished with wooden beds (*lietz de fusta*); straw pallets (*basaqas*); mattresses (*matalas*); sheets (*lansols*); various blankets and coverlets (*flasadas, vanoas, cubertos*); cushions (*quoisins*); glass lamps (*lanpezas de veire*) and an iron fire grate (*fere a tenir brandon*); in the men's hospital, a bell (*esquilla*) and torches for the sick and dying (*torchas per server mortz e malautz*); in the women's hospital, a cross and oratory. Bed counts varied from year to year, a discrepancy explored in greater detail in Chapter Four. Private rooms of the brothers and sisters contained similar furnishings, though we sometimes encounter, also, more personal items. In the room of the *baille*, for example, we find an alembic for making *aiga bona* and *aiga roza*. Counted amongst Brother Johan Bonet's items are linens described with the more luxurious adjective "heavy" (*pesas*), a description that contrasts with the "old and good" (*auls e bons*) applied to the linens of the infirmary and other *donats*. In 1364, the hospitaller's room stored objects of mortuary ritual: a *raubilha* for the dead,³⁰⁹ two litters for carrying the dead (*lichiaara danar quere mors*), and a cover with the crest of the hospital for the dead (*cubertor an las armas de sant sperit ha hanar quere los mors*). Counted amongst the objects in the kitchen are tables, mortars (*mortias*), scissors (*taisons*), pitchers (*brocs*), a copper scale (*balansa de quore*), pans (*pairols*), a barber's basin (*basin de barbier*); in the *despensa*, a plank for carrying bread (*taulla de portar pan*), perhaps to and from the ovens, or else, for sale. In 1350, the refectory, sometimes referred to simply as "the large room in which people eat" (*la gran salla en que manjan la gent*), contained three tables, but, in 1364, only one large table in

³⁰⁹ The nature of this item is unclear; the entry reads simply, *raubilha de mortz*. We know from the accounts that the dead were wound in shrouds, and, as noted here, draped with a cover bearing the hospital's crest. The accounting of this singular *raubilha* in the inventory suggests that, like the cover and unlike the shrouds, it was communal.

front of which was a large bench, as well as another, smaller table. The inventory from 1350 notes, also, the presence of a hanging bell whose ringing would have helped to structure the day.

3.3 Members of the Household

The hospital accounts contain the names of hundreds of administrators, staff, and members of the ordinary household who populated the walls of Saint-Esprit.³¹⁰ They reveal far less about the responsibilities of these individuals, since the financial accounts prioritize the moneys received and paid more than the agents or recipients of these transactions. The entries thus obscure the boundaries of the various positions in the hospital, particularly at the administrative level, and the numbers amongst them. It is impossible to provide a definitive count of the members of the regular hospital for any of the years under consideration, though chapters on shoes, in particular, provide insights; conservative categorizations based on explicit identification labels (for example, *fratre*, *sore*, *donat*, *donada*, *mesage*, etc.) indicate that the ordinary household rarely comprised more than twenty-two members, though scribes often only identified fewer than ten individuals by their role in the house, and accounting in the inventories of beds belonging to members of the ordinary household suggest that often even fewer resided within the hospital's walls.³¹¹ Still, occasional references to agents of income or recipients of purchases, in combination with evidence from other hospital records and secondary sources, allow a basic reconstruction of the governance and distribution of labour at the Hospital of Saint-Esprit.

3.3.1 Administrators

The nature of governance at Saint-Esprit evolved between the time of its foundation and the beginning of the fourteenth century. According to Glessgen, in the early years of the hospital,

³¹⁰ I have used “ordinary household” here to indicate the individuals who lived in and served the hospital, as opposed to the term “regular household,” which I employ below to discuss members of the household who lived by a Rule.

³¹¹ The six extant inventories, which cover a period from 1350 to 1367, note beds for between four and ten members of the regular household.

the brothers appointed for life and from amongst themselves a commander (*comandayre*) who oversaw the internal and external affairs of the hospital. The commander could represent legally the hospital independently of the other brothers. By 1294, Glessgen has observed, commanders shared the power to represent legally the hospital with the rectors. At times, one person held both titles; in 1296, for example, Peire Serena acted as *comandayre e rector de sant sperit de Masselha* in a land transaction with Hugo Blanc.³¹² By the beginning of the fourteenth century, according to Glessgen, the terminology applied to hospital directors experienced “considerable rationalization,” a development that corresponds with increasingly efficient accounting.³¹³ The position of *comandayre* disappeared and the brothers no longer elected a director from amongst themselves. At this time, rectors – sometimes alone, sometimes in collaboration with an internal administrator – represented the hospital in legal transactions. As discussed in Chapter One, the municipal council, in their capacity as the governing body of the hospital, appointed two members of the council to serve as rectors of the hospital. The rectors represented the hospital in legal affairs and supervised the financial administration of the institution, though, with only some exceptions, they seem to have exercised the latter at arm’s length, through an annual audit and through the control of the hospital’s assets. A Rule from the late fourteenth century, discussed below, indicates that they also dictated the internal regime, though not the provision of care. Glessgen argues that “the changes in the direction of the hospital show the transformation of a partially autonomous organism into an instrument of the city administration.”³¹⁴

The connotations of the terms applied to the administrators of internal affairs are more

³¹² Glessgen, *Lo Thesaur del hospital de Sant Sperit*, H 32.

³¹³ Glessgen, *Lo Thesaur del hospital de Sant Sperit*, 239. For a chronological analysis of administrative titles used in the *Thesaur*, see Table 12 on pg. 418. These terms sometimes correspond with and sometimes differ from the terms in the account records, though the general trends that Glessgen has observed are mirrored in the account records.

³¹⁴ Glessgen, *Lo Thesaur del hospital de Sant Sperit*, 240.

ambiguous than those of the rectors. As Le Blévec has noted, “‘l’utilisation d’un terme spécifique pour designer la fonction ne devrait susciter aucune ambiguïté. En réalité, les choses ne sont pas aussi simples qu’il apparaît de prime abord.’”³¹⁵ We find in the accounts the terms *baile* (governor; director), *espitalier* (hospitaller), *amenistrator* (administrator), and *procurador* (procurator) applied to internal administrators. In certain contexts, it seems that the choice of one or the other reflects simply scribal preference. In other contexts, the choice represents a meaningful distinction. In 1348, 1357, 1363, and 1364, for example, the records identify both *bailes* and *espitaliers*, which indicates a distinction between these roles. Both men and women could serve as *bailes/ bailesas*, sometimes as married couples, as in 1357 when *fraire* Johan Bonet and *sore* Sansa – whose married status is inferred from the bedroom they shared – served as *baile e bailesa*.³¹⁶ Identification of the *bailes* and *bailesas* as *fraires* and *sores* suggests that those who served in this role were *donats* of Saint-Esprit. Peyre Rollan, who served the hospital for many years (from, at least, 1330 to 1348), is identified sometimes as *baile* and sometimes simply as *fraire*. The term *amenistrator* appears briefly in the records between 1397 and 1399 and may be a synonym for *baile*.³¹⁷ At times – likely, when the *baile* did not belong to the regular household – this position was salaried, as in 1389, when *mosen* Antoni received 4 *lib.* 16 *s. per son selari*.³¹⁸ Though the records do not outline the responsibilities of the *bailes*, the contexts in which they appear suggests that they oversaw the material administration of the hospital, making necessary purchases and receiving incomes.

Hospitallers, on the other hand, oversaw the provision of care at Saint-Esprit. A female hospitaller oversaw the women’s infirmary and a male hospitaller oversaw the men’s infirmary.

³¹⁵ Le Blévec, *La part du pauvre* I, 688.

³¹⁶ 1 HD E 12, unfoliated.

³¹⁷ The term is used in 1 HD E 19, E 20, and E 21.

³¹⁸ 1 HD E 93, unfoliated.

It seems that hospitallers could but did not need to be members of the regular household; the accounts from 1371, for example, record the purchase of shoes for *l'espitaliera, Na* (not sore) Ricarda.³¹⁹ Perhaps more tellingly, in 1388, the wife of the hospitaller, Estene, gave birth to a baby boy, which, in combination with the absence of the identifier *fraire*, suggests that Estene served the institution in a lay capacity.³²⁰ Still, the hospital covered many of the expenses concerning this event. They paid 1 *lib.* 12 *s.* “to Estene, the hospitaller, for the labour of his wife, Maria, who delivered a boy on 10 August 1389, as a ‘supplement’ (*avantaje*) for the birth,”³²¹ and, when the baby was born, hired a servant to help Maria, at a salary of 1 *fl.*³²² At the end of October and November they paid for *tenpra aigra* for her, since she was nursing,³²³ and, from April to December of the following year, paid for the infant to be placed with a wet nurse. A single entry, dated 18 October 1348, indicates that hospitallers were sometimes, if not always, salaried; it reads: *avem fag covenant a peire de fregus gabos per eser espitallier a guardar la porta a xviii octembre e deu aver vi lib. l'an.* Peire’s responsibility to *guardar la porta* indicates that hospitallers controlled admission to the hospital.

At the beginning of the fifteenth century, the ambiguous term *procurador*, procurator, appears in the records. This appearance corresponds with the disappearance of the term *baile*, and, as the term *espitalier* continues to appear, even after the introduction of the term *procurador*, we might conclude that the responsibilities of the procurators correspond with those

³¹⁹ 1 HD E 17, f. 49v. It is, of course, possible that Ricarda was, also, a *donada*, and that the scribe simply did not note it. In E 13 (1363), the scribe refers to, on 51r, *sore betris que ten l'espital de las donas*, but, one folio later, to *la profemena que ten l'espital de las donas*.

³²⁰ His wife, Maria, was not a hospitaller; this position was filled by Aiselena, *spitaliera de las femenas*.

³²¹ 1 HD E 93: *Item. pagem e donem az estene lo l'espitalier per la jasina de sa molher que sajac de i filh a x d'aost l'an lxxx viiii per avantaje de la jasina...lib. i s. xii*

³²² Which valued 1 *lib.* 12 *s.*

³²³ *Item. per avantaja que fezem a maria baila car bevia la tenpra aigra car alachana...lib. s. vi/ Item. dem a maria per xvi jors de vin car bevia tenpra aigra ez alacha...lib. s. v d. iiii*

of the *baile*.³²⁴ Of the seven procurators identified between 1403 and 1457, however, six are identified as *capellan e procurador*, that is, “chaplain and procurator.” The conjunction of these roles suggests a reorganization of internal governance and not simply a terminological shift. The individuals who served in these roles were now responsible for the caregiving and spiritual direction of the institution.

3.3.2 Brothers, Sisters, and *Donats*

In addition to the *baile*, *espitalier*, and *procurador*, the house comprised the brothers, sisters, and *donats*. The accounts frequently identify the *donats* – the lay brothers and sisters – but often contain little more detail than a name and the provision that accounts for their presence in the register. Though the accounts are virtually silent on the roles of *donats* in the hospital, a notarial act from 1396 sheds light on their responsibilities.³²⁵ According to this act, at Nones on 29 August 1396, Jacme Revelhon and his wife, Guilhelmeta, gave themselves as *donats* to the Hospital of Saint-Esprit in Marseille. The document outlines the terms of their life as members of the hospital community and is, in essence, a contract. For its part, the hospital was to provide Jacme and Guilhelmeta with any necessary food and clothing; to keep them in the hospital, in health and in sickness, for the remainder of their lives, swearing not to expel them; and to guide them well, honestly, and faithfully in their service of the hospital and the poor of Christ. In exchange, Jacme and Guilhelmeta promised, for the remainder of their lives, to serve and administer to the healthy and sick poor of Christ of the hospital in whatever ways were needed; to obey the present and all future rectors; to wear, like the other *donats*, the sign of the hospital on their clothing, over their chests; and not to withdraw from the hospital. After this day in 1396, Jacme and Guilhelmeta are absent from the hospital records, save for two references in 1418:

³²⁴ That Andreas Jacobi, in 1449, identifies himself as the scribe and administrator of the incomes and expenditures further establishes the similarities between these roles.

³²⁵ 1 HD F 1. See Appendix B.

once, for the purchase of shoes for Jacme, *donat*,³²⁶ and, once, on All Saints Day, when they gave him 2 s. 8 d.. for the absolution of souls.³²⁷

This act reveals that, as *donats*, Jacme and Guilhelmeta adhered to a quasi-monastic life. Through the donation of their goods to the hospital they renounced their worldly possessions and pursued a life of poverty within the walls of the hospital; through the promise to obey the rectors, they pursued a life of obedience. If some took vows of chastity, we should not assume that it was required of them; the room belonging to *fraire* Johan Bonet and *sore* Sansa contained only one bed. This, of course, does not preclude the possibility of chastity; the proliferation of lay piety in the later Middle Ages did provide a framework for a life of conjugal chastity that some of the married may have chosen to pursue.³²⁸ Still, the absence of any reference to chastity in the act above, when considered alongside Johan and Sansa's sleeping arrangement, leaves its expectation ambiguous. Though the records are not explicit on the matter, we can assume that the brothers and sisters took the traditional monastic vows of poverty, chastity, and obedience, and it was this that distinguished their lives as brothers and sisters from those of the *donats*, especially since they lived by the same Rule.

Although the accounts contain only a mention of a Rule in the 1350 inventory, Fabre has transcribed a Rule, dated 15 July 1399, that the rectors, Johan Ricau and Antoni Ricau negotiated.³²⁹ This Rule forbade brothers, sisters, and *donats* to take infants to the baptismal font, under whatever penalty the rectors saw fit, unless moved by devotion and with the permission of

³²⁶ 1 HD E 31, f. 76r: *Item plus. hay comprat sabatas que foron per Jacomini de Ravelhon donat que costeron iii gr. valon...lib. s. viii d.*

³²⁷ 1 HD E 31, f. 76r: *Item plus. hay bayllat en lo dich jorn [lau festa de tosans] a jacomini de Ravelhon donat nostre per far absolve las armas...lib. s. ii d. viii*

³²⁸ See Dyan Elliot, *Spiritual Marriage: Sexual Abstinence in Medieval Wedlock* (Princeton: Princeton University Press, 1993); André Vauchez, *The Laity in the Middle Ages: Religious Beliefs and Devotional Practice* (Notre Dame: University of Notre Dame Press, 1993).

³²⁹ For a transcription of the 1399 Rule, see Fabre, *Histoire des hôpitaux et des institutions de bienfaisance* I, 68-69.

the rectors, and on the condition that the godparents do not give them gifts or other offerings; forbade brothers and sisters to receive in the hospital members of their family, under the same penalty, unless they were sick or would not receive food; forbade brothers and sisters to leave without permission, under penalty of losing their ration for three days and any other punishment the rectors saw fit, permission for which would be granted only to fulfill the needs of the hospital; required the brothers, sisters, and *donats* to accompany to the cemetery the bodies of all those who die in the hospital; forbade brothers, sisters, and *donats* to speak in refectory, the commander and *baille* being the only ones permitted to speak to request whatever was necessary for the table, and required that they say grace when they eat and when they leave the table; and required that they denounce to the rectors any misdeeds to which they were witness or of which they knew. Although most of the rules applied to both the brothers and sisters and the donats, the exclusion of donats from the purview of some illuminates the differences between the lives of these two groups. Both the prohibition against leaving the hospital and the prohibition against receiving family members addressed only the brothers and sisters. We can infer from this that the primary difference between the life of a donat and the life of a brother/sister stemmed from interaction with the outside world.

The accounts hint at a more ambiguous third group amongst the household of Saint-Esprit: corrodians, individuals who received a sort of pension (corrody) from a religious house who granted them accommodation and social security for the remainder of their lives. A corrody could be purchased for cash or by a donation of land or property, or received in exchange for services rendered to the house.³³⁰ The granting of corrodies was common in medieval

³³⁰ Patricia Cullum, *Cremetts and Corrodies: Care of the Poor and Sick at St. Leonard's Hospital, York, in the Middle Ages*, Univeristy of York, Borthwick Papers 79 (1991): 8.

hospitals,³³¹ and, though the records of Saint-Esprit do not refer explicitly to such individuals, their presence would account for the ambiguous and non-descript references to individuals who lived in and received support from the hospital, but who fell into none of the categories discussed above nor were identified with the sick whom the hospital served. As Le Blévec has noted, it is not always easy to distinguish between the *donats* and other lay individuals who joined the household.³³² Tenuous examples appear in the register from 1449, which refer twice to the non-descript group of “women” in the hospital. One entry records payment for a letter of excommunication against “all those who have stolen or hold or detain the various goods of the said hospital and of the women, now dead, in the said hospital,” while a chapter heading reads, “Expenditures for firewood for the duration of the winter, first, for the house and family of the house of our hospital; second, for the women and infants of the hospital; third, for the poor who come to the hospital.”³³³ While it is possible that the scribe may have used the term “women” substantively in both entries to indicate the individuals in the women’s infirmary, the individual expenditures on firewood imply a distinction between these groups; an entry dated 23 December, for example, notes the purchase of “four *saumadas* of wood both for the house and for the women of the said hospital,” while the entry that follows it, dated 15 March, records purchase of “four *saumadas* of firewood for the sick and for the women and for the house,”³³⁴ a construction which suggests a distinction between the “women” and both the sick and the regular household.

³³¹ See, for example, Brodman, *Charity and Welfare: Hospitals and the Poor in Medieval Catalonia* (Philadelphia: University of Pennsylvania Press, 1998), 172-173; Rawcliffe, *Medicine for the Soul: The Life, Death and Resurrection of an English Medieval Hospital* (Gloucestershire: Sutton, 1999), 169-174.

³³² Le Blévec, *La part du pauvre*, 704.

³³³ 1 HD E 43, f.147r: *Exitus lignorum ad comburendum primo pro domo et familia domi nostri hospitali secundo pro mulieribus et infantibus hospitali tertio pro pauperibus qui veniunt ad hospitale et maxime tempore yhemis anno de mccccxlviii*

³³⁴ 1 HD E 43, f. 147v: *Die xxiii decembris pro quator aumis lignorum tam pro domo quam pro mulieribus dicti hospitali expendi...gr. viiii/ ...Die xv martii emi saumas quatuor lignorum ad comburendum pro infirmis et pro mulieribus et pro domo expendi...gr. viii*

A more illuminating entry appears in the register from 1340 and concerns a certain Guilhem Lanbert. The entry, a remarkable full folio in length, describes Guilhem not as a *donat*, but as a *comalaute*, a term for which I have been unable to find a translation. According to the entry, Guilhem entered the hospital on 29 March, giving to the hospital his 12 *fl.*, and receiving, in exchange, food, drink, and security in the hospital.³³⁵ More laconic references describe a *dona* Felipa, who, by order of the rectors, was received in the hospital in 1416 and given “an ordinary and lay pittance,”³³⁶ and, in 1417, *dona* Catharina Raymbauda was brought to the hospital and assigned, by the rectors, a room above the cellar.³³⁷ Although the descriptions of these individuals contain echoes of the notarial act admitting Jacme and Guilhelmeta Revelhon to the hospital as lay brother and sister, none of them identifies the individuals as *donats*, and both the absence of any reference to service, in the case of Guilhem Lanbert, and the mention of a pittance, in the case of Felipa, suggest the possibility of a status more akin to that of a corrodian.

3.3.3 Servants

In addition to the brothers, sisters, and *donats*, whose primary responsibility was to care for the sick, the hospital also hired servants (*mesages*) to serve the needs of the hospital. Servants, unlike the members of the regular household, received payment – generally, as an annual salary – for their service, in addition to certain material provisions, like clothing. As many

³³⁵ 1 HD E 8, unfoliated: *En l'an com comta mccc xli a xxviii de mas sia manifest a tous prezens es ensdemenidons conos en simon dac drapier e nous yimbert d'alba mercadier regidors e garda del espital e dels malautes de sant esprit l'an sobre dich avem reseuput en guilhem lambert d'ayl aisi comalaute a tenir en l'espital de sant esperit al cal avem premez de dar a manjar es a beure covenhablemens ez a ser e gardar lo defreyh josta son estament ez el nous proment quel siten [one word illeg.] per pagat de las cauzas lascals son desus azer deva das e que el non sia tentut de far rancura al baile ni al fraires de la maizon ^ni as autres^ mai avons solamens vo als prozomes cal serian regidos en aquel tems el dich guilhem lambert donet per portar lo fais de sa vida al espital xii florins de florensa los cals confesam quez avem reseuptas e si tant era quell dich guilhem lambert volges isir del espital per sa colpa quell espital nils promez prezens ni es devenidons no sian tenens de rendre aquels xii florins ni denier ni mesallhan garentia daquestas cauzas fraire peire rolant baille de la maizon et fraire guilhem fromage et fraire guilhem boyer et fraire raimon d'aureng et fraire ugo revell*

³³⁶ Pittance, in this context, refers to food, rather than money. 1 HD E 30, f. 25r: *Item. lo jorn dich de comandament dels senhos es intrada dona felipa en l'espital e a pitansa del ordenari e lielhc*

³³⁷ 1 HD E 31, f. 34r: *Item. lo jorn dich fom aportada donna Catharina Raymbauda a la qual fom assignada ia cambra sus lo sellier per los senhos rectos*

were paid both in cash and in kind, it is difficult to calculate the value of their income relative to other service work in this period, though Robert Braid has used the hospital accounts to investigate the extent to which the Black Death affected compensation for work in Provence, a subject which will be explored in greater detail in Chapter Four.³³⁸ Before the fifteenth century, the records describe servants contracted “to perform all of the service of the hospital, inside and outside.”³³⁹ By the beginning of the fifteenth century, however, the work became more specialized, at least in the records, if not in practice. The accounts from 1418 describe individuals hired “in service of the house *and of the sick*.”³⁴⁰ Exceptionally, the register from 1449 describes a time “of great need in the hospital,” when they hired seventeen servants, some of whom were hired customarily, many others of whom were hired to respond to the need at this time. Though the entries do not elaborate on this need, details suggest that an influx of sick, perhaps combined with sickness amongst the staff, created an unprecedented demand for outside help.³⁴¹

We might also count amongst the servants of the house the *quistiers*, individuals whom the hospital contracted to collect alms on behalf of Saint-Esprit.³⁴² Although the term *mesage* is never applied to them, the description of responsibilities aligns their tasks outside of collection with those of the other servants of the house. In 1338, for example, they hired Johan de

³³⁸ Robert Braid, ‘Et non ultra’ : politiques royales du travail en Europe occidentale au XIV^e siècle,” *Bibliothèque de l’école de Chartres* 161 (2003) : 437-491. For a study of labour in medieval Marseille, see Francine Michaud, *Earning Dignity: Labour Conditions and Relations During the Century of the Black Death in Marseille* (Turnhout: Brepols, 2016).

³³⁹ A record from 1338, for example, notes that they “*ave[m] fage quovinent per far lo servize della mazon dedins e deforas a Bertran Robin e deu aver della festa de sant andrieu en i an*” (1 HD E 7, f. 23r)

³⁴⁰ For example, they hired Antoni de Sena for two years *a i de desembre m cccc xviii hay acordat anthoni de sena per lo segon an al servi d’ostal e dels malauts deu gasanhar xii florin caussar vestir de i an daqui avant contador pagados sos gais per terses servitz*. And, in 1435, they hired Antoni Traverssier *lo premier jort de may per servit los malautes e per far tot autre servizi en lo dich hospital tant foyre cant podar e autras besonhas li sitas et honistas e deu gassanhar lo mes aytant que ben si portara xvi gr.* (1 HD E 40, f. 54v)

³⁴¹ This will be explored in greater detail in Chapter Four.

³⁴² Marjorie Keniston McIntosh discusses “gatherers” for almshouses in medieval England in *Poor Relief in England, 1350-1600* (New York: Cambridge University Press, 2012), 52.

Marnegols “to conduct the collection and other tasks in the house” at an annual salary of 4 *lib.*,³⁴³ and the records from 1371 hint at an untrustworthy collector, when they note in one of the entries that they “found in the room of Andrieu the collector, hidden, on 8 March...3 *lib.* 5 *s.*”³⁴⁴

Individuals responsible for the livestock also counted amongst the servants of the hospital. Pigs constituted a significant source of income for Saint-Esprit, and the contracting and accommodation of swineherds feature prominently in the records. In 1333, for example, they contracted Guilhem Guigno for one year, at 30 *s.*/ year, “to guard the pigs of this house,”³⁴⁵ and we find in the inventory of 1365 a room for the swineherd, Johan.³⁴⁶ Less frequently, they contracted muleteers (*mulatier*); in 1357, they hired Johan Cristol, then Johan Bran, as muleteers, the latter at 9 *lib.* 1 *s.* 4 *d.*/ four-month term (*tes*). The inventory from 1364 includes a fully furnished bed in the stable for the muleteer.³⁴⁷ References to both continue to appear in the records through the fifteenth century, though swineherds appear more frequently than muleteers.

Outside of these members of the ordinary household, Saint-Esprit hired external labourers and professionals, sometimes regularly, as in the case of medical professionals,³⁴⁸ other times, as needs arose. As noted above, the hospital often required repair and expansion, and craftsmen and tradesmen appear frequently, if not consistently, in the records. A more quotidian task was the washing of linens which, unlike at the Hôtel-Dieu-le-Comte of Troyes, the Hôpital Comtesse of

³⁴³ 1 HD E 7, f. 25v: *Item. avem fag quovinen ambe johan de marnegols per far la quista e las autras fazenas dell amazon de l'intrar d'abril entro alla festa de sant andrieu que quonant que san viii mes a far de iiii lib. l'an...*

³⁴⁴ 1 HD E 17, f. 26r: *Item. trobem en la canbra d'andrieu lo questier escondit a viii mas...lib. iiii s. v*

³⁴⁵ 1 HD E 6, unfoliated: *diluns a vi de dezembre a covenesem per guardar los porcs desta maizon Guillem Guigno de li [1 word illeg.] e devm li donar d'un an...xxx s.*

³⁴⁶ 1 HD E 15, f. 6r: *lo quambra de fraire johan lo porquier/ Item. lieg de taulas i e basaqua*

³⁴⁷ 1 HD E 14, f. 5v: *Aquestas cauzas son en l'estable.../Item. liegh per lo mullatier tot garnit de rauba ays con s'aperte a ell...i*

³⁴⁸ This will be explored in greater detail in Chapter Four.

Lille, and the Hôtel-Dieu of Paris³⁴⁹ fell outside the responsibilities of the regular household. The hospital hired regularly one or two women “to do the laundry” (*far la bugada*).³⁵⁰

3.3.4 Service and Reciprocity

If the records obscure the *role* of individuals in the hospital, their language, shaped by concepts of reciprocity, illuminate the *relationship* between individual and institution. In the language of the records, individuals and institution interact through verbs of “giving” and “receiving.” Anthropologists like Marcel Mauss and Claude Lévi-Strauss have established that gift giving – in this case, the donation of self – is based on a relationship of reciprocity, a concept Ilana F. Silber extended to medieval monastic donations, arguing that individuals made donations to monasteries on the expectation of a spiritual return. As the notarial act concerning Jacme and Guilhemeta Revelhon illustrate, *donats* gave their whole selves – their bodies, their souls, and their material resources – in service of the hospital and, in exchange, received a sort of social and spiritual security for the duration of their lives.

Le Blévec has noted that “la question de la sincérité de la motivation que sous-tend, sur le plan religieux, l’autotradition, est difficile à résoudre,” and it is not one that this thesis seeks to resolve; but the circumstances under which some became *donats* suggest that the social instabilities that rendered individuals in need of the caregiving of the hospital also inspired – at least, in part – the pursuit of a life of service within its walls. Le Blévec discovered, in the case of a Mireille Guibert, an exemplum that illustrates the extent to which hospitals could serve as a form of social security for the individuals who served it, and not just for the sick poor who

³⁴⁹ Carole Rawcliffe, “A Marginal Occupation: The Medieval Laundress and her Work,” *Gender & History* 21.1 (2009): 151; Jehan Henri, *Book of the Active Life of the Hôtel-Dieu*, in Wallis, *Medieval Medicine: A Reader* (Toronto: University of Toronto Press, 2010), 471, which describes the nursing sisters serving as laundresses.

³⁵⁰ Although laundry is mentioned only occasionally in the records, the entries reveal that the task involved transporting the laundry (presumably, to water); washing, which was done with ashes, as purchase of *i e ma de senres per bugadas a xvi de novembre* reveals; and fumigation (1 HD E 37, for example, notes the payment of women to *esfumar la bugada*).

sought care within its walls. In 1390, Mireille Guibert, a haberdasher and widow of a barber-surgeon, dedicated herself and her goods to the Hospital of Saint-Pierre in Avignon. Mireille stated publicly the motivations for her decision, declaring that, “puisque gagner son salut exige l’abandon de ses richesses...elle entend rejeter les pompes de la vie mondaine pour devenir la servante de Dieu et de Saint Bézénét.”³⁵¹ Mireille, however, found herself unable to commit herself to the tasks assigned to her and wished to return to her previous life of haberdashery. She realized that she was still young and could remarry and have children; thus, in 1395, she sought the permission of the municipal council to annul her commitment to the hospital, a request which they granted, dismissing her in perpetuity from the house and habit. But Avignon faced hardship in the years that followed; Mireille did not enjoy the social success she had imagined when she left the hospital, and, in 1408, returned to the municipal council and begged, “humble and repentant,” to return to her earlier life in service of the hospital. The council, *generose et benigne*, granted her readmission to her life of service.³⁵² The hospital was a refuge for Mireille, first, when she lost her husband and, later, when she failed to remarry and establish herself financially in the community.

The hospital communities, in the cases of both Mireille, in Avignon, and Jacme and Guilhelmeta, in Marseille, provided a guarantee of physical and social security for the remainder of the *donats* lives. At the Hospital of Saint-Esprit, this included, in life, food and clothing; in sickness, care; and, in death, a proper burial and prayer. Clothing for members of the regular household included robes made of mixed cloth (*mesclat*) with the sign of the hospital – likely, the Lorraine Cross sketched on the cover of so many of the hospital accounts – on the chest; women were provided veils (*vels*); female servants received, in addition to their wages, a shirt

³⁵¹ Le Blévec, *La part du pauvre* II, 708.

³⁵² Le Blévec, *La part du pauvre* II, 711.

(*camisa*); and male servants received a shirt and pants (*brachas*). Everybody received shoes (*sabatas*). Footwear must have been an important and relatively disposable part of daily life, as many registers contain entire chapters dedicated to the purchase and repair of shoes.³⁵³

Generally, everybody in the house – healthy and sick – subsisted on a similar diet. A typical diet consisted of meat (chicken, mutton, or goat), white bread, and seasonal produce.³⁵⁴ Unlike the sick, the regular household was bound by the dietary restrictions prescribed the Church, including abstention from meat on Fridays and during Lent. Occasionally, they also enjoyed treats on days of celebration. On the *vigil de nadal* 1417, for example, they made several purchases as *provisions de festas*, including 100 oranges (*arangers*), a purchase which they also made on Christmas Eve 1444, along with *fromagi de sardenha*, pepper (*pument*), and *neulas*, a sort of round waffle (*oublie* in French). Special menus were also planned when the rectors dined at the hospital. A register from 1402, for example, notes that, on 5 March, they spent 7 s. 4 d. on fish “for the *senhors* rectors, who are dining here to audit the accounts and to take an inventory of all of the goods of the hospital, and for the people of the house,”³⁵⁵ an event for which they also purchased white bread, fougasse (*fogassa*), white wine, oranges, mustard (*mostarda*), and spinach, a rather luxurious menu compared to the white bread, goat, and fish on which they subsisted the other days in March.³⁵⁶

If a member of the regular household fell sick, the hospital provided for their care as they did for the sick poor whom it was their duty to serve. They called in medical professionals when need arose, and prepared individualized diets based on the nature of their sickness. In 1330, for

³⁵³ The chapters dedicated to shoes are entitled the *mesions de sabatas*.

³⁵⁴ The diet of the sick will be explored in greater detail in Chapter Four.

³⁵⁵ 1 HD E 101, unfoliated: *Item. la sapta a v del dich mes en peyson cant per los senhors rectos vielhs e nobels que sa se digneron per ausir contes e per pendre la ventari de totes causas de l'espital e per las gens de l'ostal...lib. vii s. iiii d.*

³⁵⁶ The amount spent of the previous day's ration of fish, goat, and white bread cost 3 s.; the meal for the day the rectors' dined at the hospital cost 14 s.

example, administrators paid a rather substantial sum of 1 *lib.* to *sen* Peire Blanquier (apothecary) and a *mege* for *la mallautia de fraire Peire Rollan* – hospitaller and, later, *baille*. We can assume that Peire’s malady was not grave, as he continued to perform his role as hospitaller; but it did linger, as roughly six weeks later they purchased from the same apothecary rose sugar for Peire. Several weeks after that, they paid *maistre* Ellies³⁵⁷ 3 s. 3 *d.* for his care of Peire and the following week – twenty weeks after the initial mention of his sickness – another 2 s. 4 *d.* 13 s. 4 *d.*, in addition to the 13 s. 4 *d.* they gave to the apothecary for his *mallautia*.³⁵⁸ In 1363, they tended to the material needs of a moribund *sore* Astruga, purchasing on 15 June a chicken for her and, a few days later, spending 1 s. 4 *d.* *per malhoirament de sore astruga per sa nesesitat*.³⁵⁹ On 12 July, they paid 10 s. for her burial and “for other things for her.” This expense must have been in anticipation of her demise, as, four days later, *sore* Astruga was still alive and receiving chicken.³⁶⁰ By 20 July, however, her condition was grave; the hospital paid 1 s. “for oil for the hospital to anoint *sore* Astruga.” She died sometime around 4 August, when the hospital paid for a sung mass (*cantar*) and for a shroud for when she was “placed in the grave.” The Hospital of Saint-Esprit thus provided assurance of material security, in health and in sickness, for those who served it.

But the return on their investment was greater than the social security it provided; it was also spiritual. Service of the sick poor of Saint-Esprit allowed individuals to participate in the economy of salvation. The return on their investment was twofold. The first was active: in caring for the sick poor, the brothers, sisters, and *donats* performed the works of mercy, which, as discussed in Chapter One, institutionalized the active piety valorized in the later Middle Ages.

³⁵⁷ Perhaps, the *mege* noted in the earlier entry

³⁵⁸ 1 HD E 2, unfoliated

³⁵⁹ 1 HD E 13, f. 66r

³⁶⁰ 1 HD E 13, f. 67r: *Item. per ia polla per sore astruga al jorn...quo(nton)...lib. ii s. d. viii*

The second was passive: Through their service to the institution and its sick poor, they became the subjects of prayer. The poor whom they served were powerful mediators of salvation and, through the prayers that they offered in exchange for the care they received, they granted their caregivers capital in the salvific economy of the later Middle Ages. Members of the hospital also received, in death, the prayers of the hospital community to which they had belonged. As the case of *sore Astruga* indicates, the hospital provided for masses to be sung when a member of the household died, and, each year, on the Day of the Dead, the living commemorated the dead of the hospital.³⁶¹ Thus, while individuals who served the hospital may, as Adam Davis has argued, have been motivated by compassion for the poor,³⁶² their commitment to the institution and the sick whom it served also granted them social security in life and spiritual security in death.

3.4 Financial Subsistence

Daily expenditures at Saint-Esprit, both quotidian and caritative, could be substantial, and sustaining these operations required a steady source of income. Figure 3.1 illustrates the distribution of incomes for eight years over the period under consideration; these are representative years chosen to straddle the Black Death and include an anomalous year, 1342. To conceive of the means by which Saint-Esprit supported itself financially, the charts filter the hospital's incomes into nine broad sources: harvest, debts, pigs, alms and cemetery, the dead, clothing, donations, property transactions, and other.³⁶³ In some cases, these categories correspond with chapter divisions in the registers; in other cases, they reflect the frequency with which such incomes appear in the records. The diversity of categories reveals that the hospital

³⁶¹ The act of commemoration will be discussed in greater detail in Chapter Four.

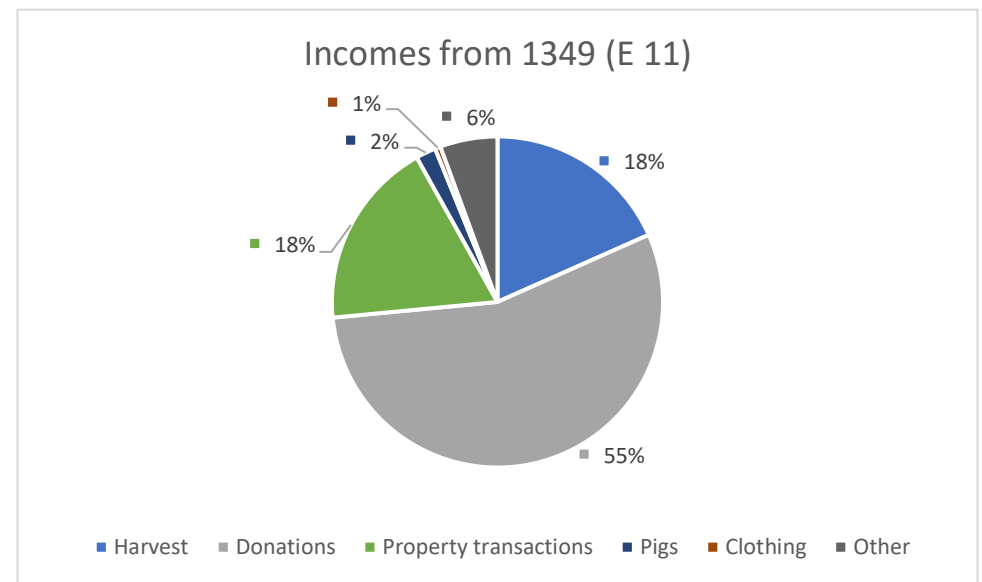
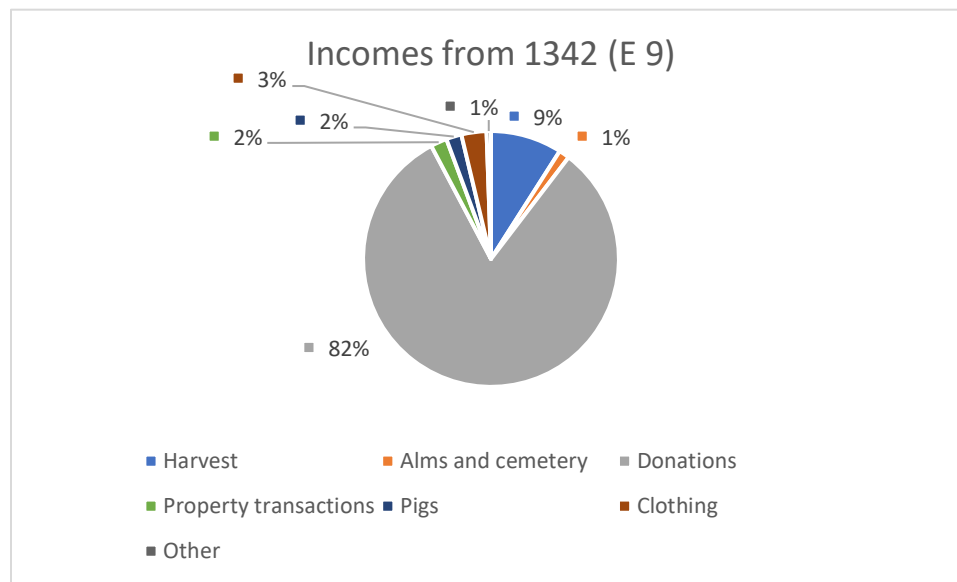
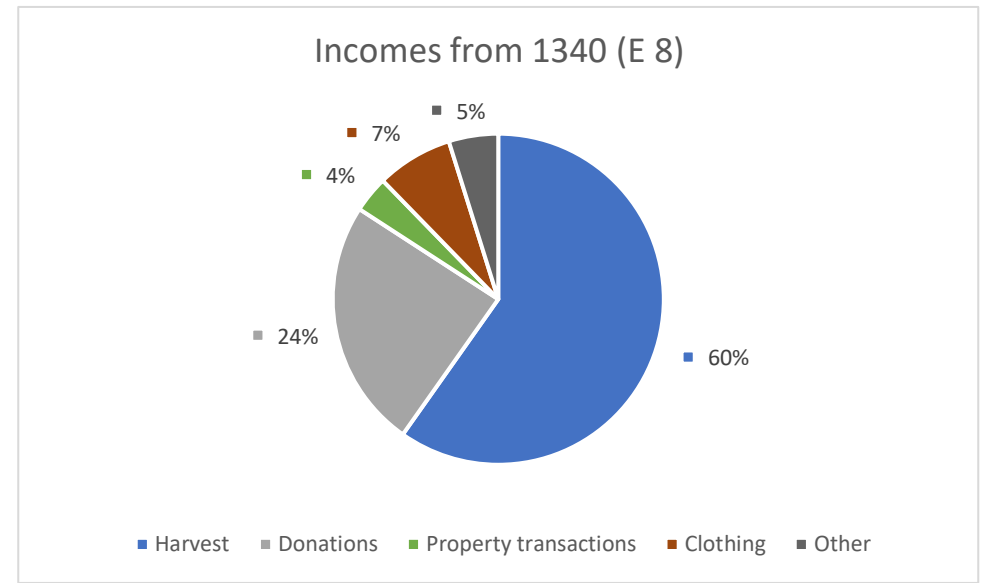
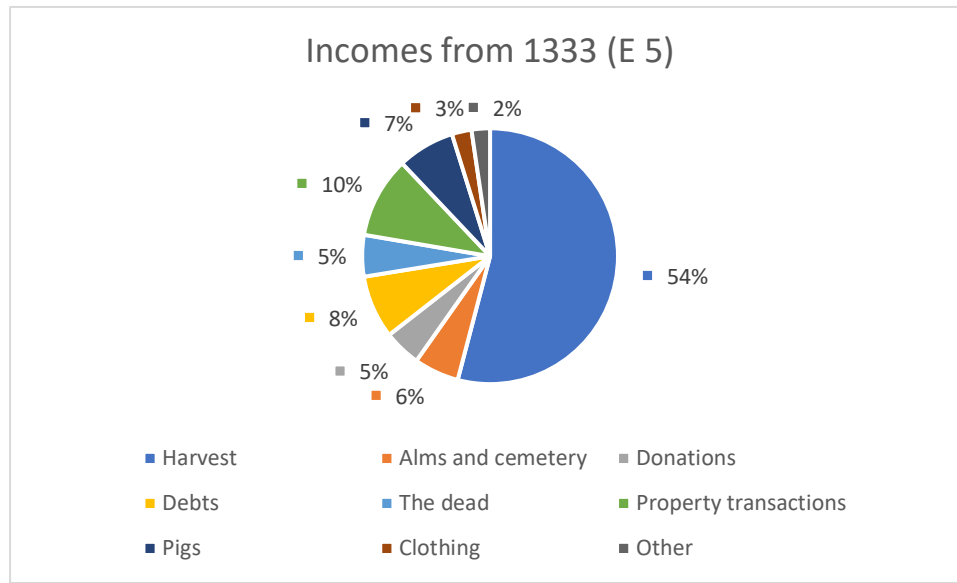
³⁶² Adam Davis explores this in his article, "Hospitals, Charity, and the Culture of Compassion in the Twelfth and Thirteenth Centuries," *Approaches to Poverty in Medieval Europe: Complexities, Contradictions, Transformations, c. 1100-1500*, ed. by Sharon Farmer (Turnhout: Brepols, 2016), 23-45.

³⁶³ "Other" includes the small, miscellaneous incomes (*menudieras*) the hospital received.

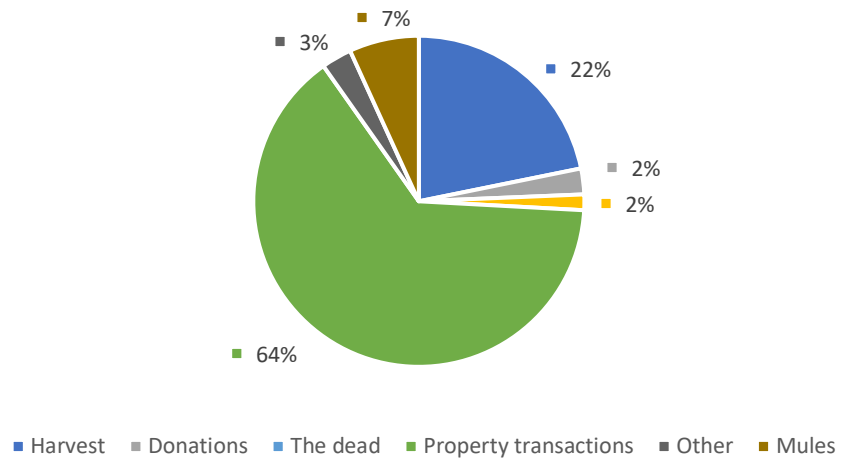
relied on multiple, evolving sources of income throughout the later Middle Ages³⁶⁴ that can be characterized by a marked shift after the Black Death, when rents increasingly replaced direct farming as the primary source of income. This section examines the smaller but constant sources of income that helped to support financially the hospital and donations. Although landed property constitutes the largest source of income, discussion of this item will be explored in the final section of this chapter in order to explore more fully institutional adaptation to crisis.

³⁶⁴ Fabre provides an overview of the hospital's incomes in *Histoire des hôpitaux et des institutions de bienfaisance de Marseille* I, 89-105.

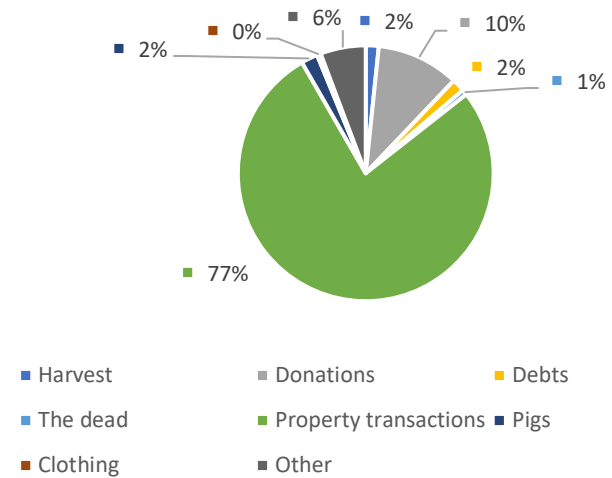
Figure 3.2: Distribution of incomes



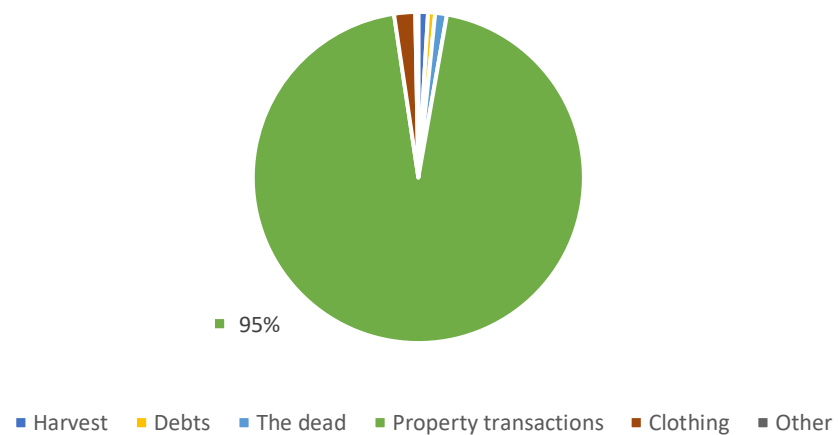
Incomes from 1365 (E 15)



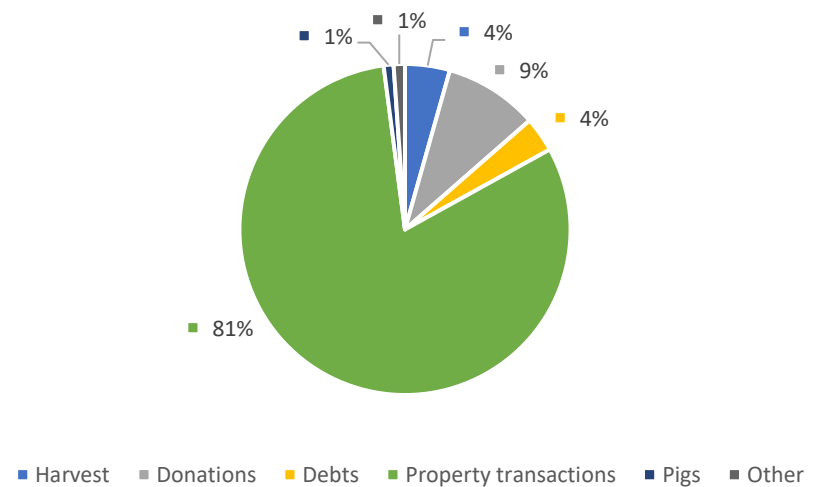
Incomes from 1398 (E 20)



Incomes from 1416 (E 30)



Incomes from 1417 (E 31)



3.4.1 Smaller sources of income

Although Saint-Esprit relied on various smaller sources of income throughout the period under consideration, three of these smaller sources appear consistently and, at times, account for notable proportions of annual income. These include incomes from pigs, the dead, and the resale of clothing.

The hospital kept pigs for sale throughout the Middle Ages. An inventory from 1365 records one hundred pigs, sows, and piglets, “both small and good weights,”³⁶⁵ as well as two mules with saddles and a black foal (*polhi negre*), and a furnished bed for the servant who cared for the animals. A pig could provide significant income. In 1341, twenty-seven pigs, “both big and small,” sold for 22 *lib.* 11 *s.* at a fair in Aubagne.³⁶⁶ And, although, in the analysis in Figure 3.1, income from the sale of pigs never accounts for more than 7% of the total income, the regular employment of a swineherd attests to the hospital’s reliance on swine as a constant source of income.

The hospital accounts, also, reveal a sort of economy of death, outside of bequests, which will be discussed below, that contributed to its financial subsistence. As noted above, until as early as 1341 and, possibly, as late as 1357, the hospital’s right of burial brought in money from individuals who wished to be buried in the hospital’s cemetery. Hospital staff also collected any moneys found on individuals who died in the hospital. As the hospital catered, primarily, to the poor, we can assume that the majority of the sick carried little cash. Occasionally, however, they found notable sums. An entry from 1332, for example, notes that they found on Riqart, a sick

³⁶⁵ 1 HD E 15 f. 2v: *Item. de porcz e truegas e posels que auls que bons pesas...*c

³⁶⁶ 1 HD E 9, f. 3v: *Item. ave[m] aut de fraire p[eire] rollan disapta a iii d’aost per xxvii porcz entre paucz e grans que vendet alla fiera d’albainha e agut en soma...xxii lib. xi s.* For comparison, a few days earlier, the hospital received 9 *lib.* for 45 *milheyroles* of wine.

man who died in the hospital, 8 *lib.* 11 s. in deniers.³⁶⁷ And, in 1357, *sore* Biatris brought to the rectors a rather substantial sum of 67 *lib.* 4 s. that she found in the robe of a Catalan pilgrim named Catarina, who died in the hospital.³⁶⁸ Occasionally, individuals who died in the hospital bequeathed their goods or moneys to the hospital. An entry from 1371, for example, notes that they received from a pelt (*pelharia*) which they found in the house of a woman who died in the hospital 25 s., of which they paid 13 s. 4 d. to Algibos Misirabier for rent for the house and 2 s. for a mass, and kept the remaining 9 s. 6 d. as their “inheritance” (*eretat*).³⁶⁹ And, in 1357, they received from *na* Legreta 8 *lib.* 10 s. that she received from Abraham de Lunel and Mira Blanca for their purchase of a green Provençal *gardagos* with a red goat fur that belonged to Mabilia, a woman who was brought, dead, to the hospital; of the amount they received for this sale, they gave to *na* Legreta the 2 *lib.* 13 s. that she had loaned to Mabilia and kept the remainder for the hospital.³⁷⁰ Saint-Esprit, also, frequently resold clothing, both of the dead and, perhaps, of the members of the regular household. Between 1330 and 1338, they sold, at various times in the year, the clothing and shoes of the dead to a Jew named Bonfillon Frances; on one occasion, he paid them 16 *lib.* 1 s. 8 d. for the *raubas dels mortz* and, on another, 7 *lib.* 5 s., at which time also paid 3 s. for the *sabatas dels mortz*.³⁷¹

³⁶⁷ 1 HD E 5, f. 12r: *Item. mais ave[m] reseuput a xiii d'otobre d'un mallaute que mori all'espital q[ue] era de fladis q[ue] li a trobem e[n] deniers co[n]tans deva[n]t fraire B[ertran d'auregna[n] e avia no[m] riqart...viii lib. xi s.*

³⁶⁸ 1 HD E 12, unfoliated: *Item. avem reseuput q[ue] fon trobat a I romieja qatala[n] q[ue] avia nom qatarina e mori en l'espital de las donas fon trobat en la siava rauba laqal nos manifested sore biatris en xlii fl. e deniers menutz que montan en soma...lib. lxxvii s. iiiii*

³⁶⁹ 1 HD E 17, f. 33r: *Item. agem de pelharia d'una femena que fon morta a l'espital que fon trobat en i hostel en la cariera de las bendieras nagem xxv s. quen pagem algibos misirabier per loguier del ostal xiii s. iiiii d. per enca[n]tar e portar ii s. iiiii resta nos d'esta eretat...lib. s. viiii d. vi.*

³⁷⁰ 1 HD E 12, unfoliated: *dimecres a iiiii de julh[et] aguem de na legreta la cordeliera i gardagos vert provensall am pena de cabritz vermell laqall rauba fon de mabilia laqual fon portada morta a sant esperit e vendem la dicha rauba az abra[ham] de lunel ez a mira blanca nagem lib. viiii s. x de que pagem a ladicha na legreta que avia prestat a la dich amorta lib. ii s. xiii resta nos a l'espital...lib. vi s. xvii.* It is unclear if this was a bequest, if Mabilia died intestate, or if the hospital assumed possession of her belongings because they cared for her in death.

³⁷¹ 1 HD E 2, unfoliated.

3.4.2 Donations

As an operation that institutionalized the civic and Christian ideals of its time and place, the Hospital of Saint-Esprit consistently attracted alms, donations, and bequests from individuals in the community. Francine Michaud, in her analysis of notarial records before the Black Death, has demonstrated the prominent place that Saint-Esprit occupied in the charitable context of medieval Marseille. Even when bequests to charitable institutions began to dwindle at the beginning of the fourteenth century, benefactors continued to favour Saint-Esprit over other institutional beneficiaries. According to Michaud's analysis, between 1248 and 1348, Saint-Esprit received 111 bequests, followed by Saint-Victor, with seventy-three, and the eleemosynary of the cathedral, with thirty-six, figures which suggest little competition for favour in the city, at least, in the period before the Black Death.³⁷²

Sometimes, donors specified the intention of their gifts, many of which conferred a social, as well as spiritual, return on their investment in the charitable economy. Beds and meals for the sick appear most frequently in the hospital accounts. Donations for beds could be in cash or in kind. In 1341, for example, Micolau Engrana gave 4 *lib.* for the bed that his wife bequeathed to the hospital,³⁷³ while, in 1333, Guilhem Ferier made an in-kind bequest of one wooden bed, one straw pallet, one mattress, one cushion, two sheets, and a cover.³⁷⁴ More often, testators donated cash for meals on feast days. Of the twenty-three gifted meals recorded in the accounts, seven were for Christmas and six were for the Feast of Saint-Blaise; other celebrations included Easter (four), the Feast of Notre-Dame (two), Epiphany (two), and Pentecost (two).

³⁷² Michaud, "Le pauvre transformé," 277. The hospital accounts do not lend themselves well to a statistical analysis of charitable giving. Competition for donations may have increased with the foundation of the Hospital of Saint-Jacques de Galice, in 1348, but such analysis falls outside the purview of this study.

³⁷³ 1 HD E 8, unfoliated: *Item. avem reseuput a iiii de novembre den micolau engrana per i lieh que laissent sa molher...iiii lib.*

³⁷⁴ 1 HD E 6, unfoliated: *Reseupem di marz a xxii de marz que laiset en Guilhem Ferier aest espital que sta en la lansara...Item I lieg de fusta/ Item i basaqua/ Item i matalas/ Item i quossin/ Item ii lansols/ Item ia flasada/ e mezem li en l'espital*

Such ritualized donations as meals for the poor illustrate the social, as well as spiritual, capital that charity could confer to a benefactor. As Saltamacchia has suggested, such charitable gestures were not made “with the intent of addressing poverty of the city. Had that been the primary concern of the donor, he or she should have stipulated a fund for daily distribution of bread to the city poor.”³⁷⁵ Rather, the such ritualized displays played a role in the social promotion of the benefactor in life or of his or her memory after death.³⁷⁶

Larger bequests could provide a substantial source of income to the hospital. Charitable receipts appear as the primary source of income in two of the eight years analyzed in Figure 3.1. In 1349, donations account – unsurprisingly, given the high mortality rates of the Black Death³⁷⁷ – for 55% of the incomes received. Perhaps more surprisingly, in 1342, they account for 82% of the hospital’s income. But accounting of income alone obscures the means by which the hospital supported itself financially.

Two factors elucidate the complex role that bequests played in Saint-Esprit’s financial subsistence. The first concerns the administrative – and corresponding financial – demands of large bequests. Settlement of estates involved the collection of rents and debts and the liquidation of moveable (and, sometimes, immoveable) property, and could be contentious. Some registers contain entire chapters on legal expenses,³⁷⁸ many of which concern inheritance disputes. Expenses for letters of excommunication against debtors or individuals challenging the hospital’s right appear occasionally in the records and underscore the challenges that the hospital faced in

³⁷⁵ Saltamacchia, “A Funeral Procession from Venice to Milan: Death Rituals for a Late-Medieval Wealthy Merchant,” 208.

³⁷⁶ Teofilo Ruiz examines such motives for charitable donations in *From Heaven to Earth: The Reordering of Castilian Society, 1150-1350* (Princeton: Princeton University Press, 2004), pp. 110-132.

³⁷⁷ As noted in Chapter Four, Baratier estimates that the population of Marseille dropped from 25,000 to 10,000 as a result of the Black Death.

³⁷⁸ E 31, f.79r, for example, contains a chapter entitled, *Capitol de despensas fachas en la cors tant rial cant en l’evescat e avinhon o en arle...*; and E 39, f.100r, contains a chapter entitled, similarly, *lo capitol de las depen(sas)fachas en las cors o per autras scripturas*

securing inheritances and other goods owed; in 1408, for example, the administrator paid 2 *gr.* for a letter of exhortation and, later, 4 *gr.* for a letter of excommunication against the heirs of *mossen* Jacme Isnart, amongst others.³⁷⁹ One of the most consuming inheritance disputes involved the estate of Johan Atels, who bequeathed to the hospital an annual and perpetual rent of 50 *lib.*, the validity of which his son – also named Johan – challenged. This dispute played out over three years (1364-1367) and in three different courts: secular, episcopal, and, finally, papal.³⁸⁰ In the end, the episcopal court awarded his son the disputed rent for six years, after which it belonged, in perpetuity, to the hospital.³⁸¹ Another illuminating case involves the estate of Johan Martin. In 1348, Johan Martin named Saint-Esprit his residuary legatee (*substitui*) upon the death of his wife;³⁸² thus, when his wife, Dousa, died at the beginning of 1349,³⁸³ the hospital received a notable inheritance. This included the 74 *lib.* 17 s. 7 d. that they found in his

³⁷⁹ 1 HD E 26, f. 117r: *Item. ay pagat per la letra a exco[mmun]icatoria contra los heres de mossen jacme ysnart costet iiii gr. e per assecutar la a olialas I gr. monta...lib. xiii s. iiii d.* They paid for four more letters of excommunication against others, as well as letters of exhortation and commination, on this folio alone, although none notes the reason for excommunication. According to Tyler Lange, “Late medieval church courts were primarily involved in relations of credit through the practice of excommunication for debt. Creditors utilized canonical procedure to exert pressure upon debtors, citing them to appear in court or warning them to pay up on pain of exclusion from the sacraments of the Church. If cited debtors failed to show up or to pay up, they would be automatically excommunicated without trial for disobeying the Church’s commands. In this way, ecclesiastical tribunals, often depicted as a preeminent site of the abuses of the late medieval Church, provided useful economic services. From the late fourteenth century at the latest, excommunication for debt served as an inexpensive mechanism for the enforcement or renegotiation of day-to-day, minor or verbal credit,” *Excommunication for Debt in Late Medieval France: The Business of Salvation* (Cambridge: Cambridge University Press, 2016), 4.

³⁸⁰ Substantial entries concerning this dispute appear in registers E 13, 15, and 16.

³⁸¹ The inside cover of E 15, for example, contains an entry that reads: *Manifesta cauza sia a totz los senhos rectos que pres nos venran johan johan e bernat de quonquas quo johan atels filh que fon de mosen johan atels a fag am nostre senhor lo sant paire levar l'almorna q[ue] mosen johan atels paire del dig johan atels laiset que si segues donar per los dicgz rectos del espital ez a fag am nostre senhor lo papa que aquesta almorna vengua az el per lo tems de vi saons e no plus e que la dicha lamorna torni a l'espital aisi quo davant era e font l'an quel ha quomenset aquilhir aquestas sensas mcccclxv per quehim quasqun que apres venra sia requordant d'aquesta almorna que dega tornat sains quargran ben en pot venir az aquest espital que las sensas son entorn L lib. e font fag aquest aquort en lo tems q[u]e eran rectos sen jacme repelin ez auguier viadier.*

³⁸² *Lo Thesaur del Hospital de Sant Sperit*, B IV: *...e nonremens substitui en totz so bens apres la fin de sa molher lo dich hospital...*

³⁸³ Dousa named her nephew, Johan de Quinsac, her heir, and the Hospital of Saint-Esprit his substitute (*...la qual apres la fin de messen Johan de Quinsac, nebot e heres sieu, substitui l'espital de Sant Sperit de Masselha*), the numerous incomes received from the estate of Johan Martin in that year indicate that the hospital received a large portion of his estate, if not the entire estate.

house, and the more than 100 *lib.* they received from the sale of the wine in his cellar.³⁸⁴ A certain Peire Martin, presumably, a relative, of Johan, however, must have challenged the hospital's right to the inheritance,³⁸⁵ as later that year the hospital paid for three witness (*guarenties*) for the court official "in the lawsuit (*question*) that Peire Martin brought against us concerning the goods of Johan Martin," and, ten days later, 3 *fl.* "to the judge of the palace for the arbitration (*compromes*) between us and Peire Martin in the lawsuit in which we were involved concerning the goods of Johan Martin." We learn several folios later that this ruling required the hospital to pay Peire Martin 120 *fl.* Settlement of Johan's estate also required payment of a rent owed to Riquazon Riqua, payment of the 2 *lib.* he left, in perpetuity, to the Frères Prêcheurs, and payment of various debts, amongst other expenses. Still, the estate was worth the investment; an inventory from 1364 lists, amongst the hospital's other properties, a vineyard that Johan Martin left to the hospital.³⁸⁶ That the hospital still held this vineyard sixteen years later hints at their administrative priorities.

Perhaps more significant to understanding the hospital's finances than the administrative demands that the settlement of estates placed on the institution was the use to which bequests were put. As noted above, in 1342 charitable donations accounted for 82% of the hospital's income. This year was anomalous, and the incomes tell only part of the story. In this year, Saint-Esprit was named the universal heir of two substantial estates: that of Tomas de Sant Chamas and that of Johan Blazin. Of the approximately 1,206 *lib.* they received from their various incomes that year, 838 *lib.* came from the estate of Johan Blazin and 120 from the estate of

³⁸⁴ This amount was acquired through several separate transactions.

³⁸⁵ This may account for the 9 s. 4 d. they paid Rosthan Colnbier for the inventory of Johan Martin's house. For a discussion of the role of inventories in inheritance disputes, see Smail, *Legal Plunder: Households and Debt Collection in Late Medieval Europe*.

³⁸⁶ 1 HD E 14, f.12v

Tomas de Sant Chamas.³⁸⁷ The value of these gifts, however, lay not in cash acquired through the liquidation of the estates, but in how they invested it: these gifts allowed Guilhem Folco and Guilhem Blanc, rectors of the hospital, to purchase from Guilhem de Montolieu two vineyards – one four *cartairadas*³⁸⁸ and the other eight *cartairadas* – for 663 *lib.* and 7 *s.*³⁸⁹ These investments indicate that Saint-Esprit placed a high value on land that they could cultivate, at least, in the period before the Black Death.

3.5 Institutional Response to Crisis

Two major crises resulted in a reformation of the hospital's incomes: The Black Death and the sack of the city by the Aragonese in 1423. This section explores Saint-Esprit's institutional adaptation to these crises. Although the Black Death effected greater social change and thus affected more systemically administration of the Hospital of Saint-Esprit than did the sack of the city by the Aragonese, consideration of the latter reveals the resilience of Saint-Esprit in the face of a crisis that resulted in the dissolution of other institutions.

3.5.1 Land Management and the Black Death

Analysis of the proportion of incomes received from each source indicates that the means by which the hospital generated income differed before and after the Black Death: before the Black Death, they practiced direct farming of their lands, acquiring cash through the sale of wheat and wine; in the midst of the population crisis and concomitant labour shortage after the Black Death, however, they abandoned direct farming and, instead, leased their lands, relying increasingly on rents as their primary source of income in the latter half of the fourteenth century.

Historiography on land management has revealed various manifestations of direct

³⁸⁷ These totals include incomes from the liquidation of property.

³⁸⁸ An agrarian land measure referring to the amount of land which could be sown with a quarter (8 bushels) of seed.

³⁸⁹ 1 HD E 9, f. 27r: *Item. avem comprat nos G. Folco e nos G. Blanc aiso con rectors del espital ii faisas de vinhas pazadas en quamas tenant am lo plan de sant miquel la per mi era faisa es en tena iiii cartairadas de l'autra ten viiii cartairadas no entorn aqui lais quals ii faisas compren de G. de Montolieu las quals costan am ii en sems...vic xlii lib. vii s.*

farming, both in England and on the continent, in later medieval Europe. In the system of demesne farming practiced in England, lords farmed directly their demesnes, rather than relying on rent and services from tenants. Although P.D.A. Harvey has asserted that “demesne farming...occurred only in England and represents a break with the normal practice throughout Europe,”³⁹⁰ and Dodds has remarked, similarly, on “the rarity of directly managed manorial demesnes outside of England,”³⁹¹ scholars have illustrated similar practices of direct farming on the continent. In Southern France, as Constance Berman has illustrated, the Cistercians popularized a form of direct farming referred to as “grange agriculture,” which involved direct management of large pieces of land worked by lay brothers and hired day workers instead of tenant farmers,³⁹² with the notable distinction that the land was exempt from taxes. And Adam Franklin-Lyons has illustrated a preference for sharecropping and direct farming of larger, more centralized properties between the 1340s and 1380s in Catalonia. According to Franklin-Lyons, however, the chronology of this shift toward direct management in Catalonia “ran retrograde to shifts in England,” where the labour shortages of the Black Death resulted in a shift away from direct farming in the decades following 1348, the period when it gained popularity in Catalonia. The land management practiced by the Hospital of Saint-Esprit thus parallels more closely the practices of demesne farming and grange agriculture, with the notable distinction that, unlike the Cistercians, the members of the household of Saint-Esprit did not work the land themselves.

³⁹⁰ Harvey, *Manorial records* (Alan Sutton Publishing, 1984), 5.

³⁹¹ Dodds, “Output and productivity: common themes and regional variations,” in *Agriculture and Rural Society after the Black Death: Common themes and regional variations* (Hertfordshire Press: University of Hertfordshire Press, 2008), 78.

³⁹² Berman, *Medieval Agriculture, the Southern French Countryside, and the Early Cistercians: A Study of Forty-three Monasteries* (Philadelphia: The American Philosophical Society, 1986), 61. Harvey has described how “it was a rule of the order that its monks and lay brothers should work their lands themselves and should not simply live on the rents and services supplied by local tenants and lessees. To underline this distinction, the administrative unit on a Cistercian estate was called not a manor but a grange (*grangia*), a word meaning barn, showing that it was centred not on a residence, whether of lord or of lessee, but only on the buildings needed for agriculture,” *Manorial records*, 5.

Two factors indicate the hospital's reliance on direct farming before the Black Death: i) the proportion of income derived from harvest; ii) the employment of day labourers to work the fields. The significant incomes that the hospital received from the sale of their crops and their products (wine) attests to their reliance on direct farming before the Black Death. As Figure 3.1 illustrates, incomes from the sale of harvested grains and wine accounted for more than fifty percent of incomes in 1333 and 1340 and, even in 1342, when the distribution of incomes was skewed by the inheritance of Blazin's and Sant Chamas' estates, income from wheat and wine was more than double that of the other means of income.

The majority of registers from before 1348 contain chapters entitled, *mesions de las vignas e las teras*, which account the employment of day labourers for agricultural work. The register from 1338-1339, for example, contains a chapter that begins, *aiso son las mesions que avem faghas en nostre regiment en las vignhas ez en las teras dell'espital*, and comprises fourteen folios accounting the casual employment of labourers for the fields and vineyards.³⁹³ Daily entries detail the number of individuals hired on that day, the task for and rate at which they were hired, and, often, the land on which they worked. A vocabulary of viticulture, perhaps unsurprisingly, dominates such chapters, though the hospital also cultivated wheat, oats, barley, beans, lentils, and herbs. At least twenty verbs related to the cultivation of grapes appear in the register from 1338-1339 alone and include activities such as vine pruning (*podador*), weeding (*selclar*), picking (*traire*), harvesting (*vendemiari*, *culhir*), vine tying (*liar*), vine reproduction (*cabussar*), and grape treading (*estrapar*). Women weeded, tied vines, picked and sowed beans, and harvested grapes. Men dug, winnowed wheat, pruned and propagated vines, demarcated the paths that ran between the rows, and trod grapes, a chore which, throughout November, attracted

³⁹³ 1 HD E 7, f. 68r.

many *mendics*, a term which Robert Braid, in his analysis of the ordinances of Raymond d'Agoult (1348), translates as *garçon* and which Pierre Pansier translates as *mendiant*.³⁹⁴ Although no inventory of immovable property survives from before the Black Death, the register from 1341-1342 identifies at least seven locations in which the hospital held agricultural property they managed directly.³⁹⁵ Aside from the cost of labour, the records provide little insight into the processing of grapes into wine, although frequent payment of coopers for the fabrication of vats suggests that the hospital managed the processing stage of the production, as well.³⁹⁶

The labour shortages and resultant wage inflations in the wake of the Black Death, however, rendered direct farming less profitable than in the years before 1348.³⁹⁷ Although Raymond d'Agoult, seneschal of Provence and Forcalquier, issued an ordinance, dated 5 and 6 September 1348, that sought to regulate the price of products and services in the face of rapid inflation, as Braid's analysis of the rates that the Hospital of Saint-Esprit paid labourers in the period immediately following the Black Death reveals, individuals continued to charge rates significantly higher than those prescribed by centralized authorities.³⁹⁸ By 1354, Saint-Esprit was

³⁹⁴ Pansier, *Histoire de la langue Provençale à Avignon du XIIe au XIXe siècle*, s.v. "mendic." The ordinances of Raymond d'Agoult refer to *adsolescentes appellati mendis vulgaliter*, Braid, "'Et non ultra': politiques royales du travail en Europe occidentale au XIVe siècle," *Bibliothèque de l'école des chartes* 161.2 (2003): 478 (translation in glossary on p. 489).

³⁹⁵ These include lands in or of: Aubagne, Peira Menuda, *lo claus*, Cavallaria, Balma Laugier, Aigas Bonas, and las Molieras.

³⁹⁶ An entry from 1332, for example, reads: *Item. mais donem avem marques de mazalguas botier per adobar lo sellier e per selcles e per amarinas e per autras quazas altot...ii lib. xi s. i d.* (E 5, f. 36r). And an entry from July 1343 records payment of *iiii maistres i jorn az adobar alcuna plechas de la paucha tina e per algunas selcles que foron iiii dozenas costa en soma...ii lib. iiii* (1 HD E 9, f. 24r).

³⁹⁷ For a discussion of the effects of the Black Death on land management, see Philip Slavin, *Bread and Ale for the Brethren: The Provisioning of Norwich Cathedral Priory, 1260-1536* (Hertfordshire: University of Hertfordshire Press, 2012).

³⁹⁸ Braid, "'Et non ultra': politiques royales du travail en Europe occidentale au XIVe siècle." For a study of labour in medieval Marseille, see Francine Michaud, *Earning Dignity: Labour Conditions and Relations during the Century of the Black Death in Marseille* (Turnhout: Brepols, 2016). The effects of the Black Death on wages will be explored in greater detail within the context of wet nurses, in Chapter Four.

suffering financially the effects of the Black Death. On 7 September of that year, the municipal council granted the hospital, “on account of the poverty of the said hospital and the bad times,” permission to assign in emphyteusis and rent their freeholdings, to sell their *servils* and pigs, and to convert the moneys from these transactions into that which was necessary for the subsistence of the poor of Christ.³⁹⁹

Thus, as the city council’s ruling in 1357 indicates, and as Figure 3.1 illustrates, the Hospital of Saint-Esprit, in response to the changing labour landscape of post-Black Death Marseille, gradually abandoned direct farming and relied, increasingly, on renting as their primary method of property management. An inventory from 1364 indicates that the hospital possessed several landholdings (*posisihons*) in this year,⁴⁰⁰ which included three lands (*teras*), one large land (*gran tera*), seven vineyards, two gardens (*hort*), two lands of eight *quartairadas*⁴⁰¹ each, and three *faissas*⁴⁰² of land. Accounts from this period onward, however, no longer contain chapters on the employment of day labourers to work the fields, and sales of wheat and wine account for only a small portion of incomes. As Figure 3.1 illustrates, rents account for an increasing proportion of Saint-Esprit’s incomes throughout the latter half of the fourteenth and early fifteenth centuries, an evolution which, as noted above, parallels the

³⁹⁹ *Lo thesaur del hospital de Sant Sperit*, transcribed by Glessgen, D XXXV, p. 84: *Item, una carta de .II. pargamins e quart ensemps gludatz, compresa, scricha e senhada per la man de maistre Johan Joli, notari, l’an .MCCCLIIII., a VII de desembre, contenent comsi, considerada la pauretat del dich hospital e los mals temps, quals eran estatz, lo gran conselh general reformat que los senhos rectos poguessan dar a acapte e a censa las possessions francas del hospital e las servils vendre e los porcs atressis, al miels que pogram, e-las monedas convertir en las necessitatz del hospital e en substatation dels paures de Crist. E-per virtut de la dicha reformation los senhos rectors, que adoncs eran, doneron a acapte a sen Guilhem Elies .I. claus de vinha de .XXV. qrt. e .1/2., e a censa de .LXIII. ll. e .XV. s. a ½ ahost am poder de defalcar entro .CII. s., a rason de .IIII. s. per qrt., pagant .XX. s. per s., e per acapte de .VI. gallinas, la qual censa tota es a rason de .L. s. la qrt.; e es pausat lo dich claus al Roylh. E abatet tantost de la dicha censa .XVI. llibras per .CC. florins de Florensa, los quals los ditz senhors confesseron haver hagut e receput, restant lo dich claus en censa de .XLVII. llibras e .XV. sols*

⁴⁰⁰ 1 HD E 14, f. 11r.

⁴⁰¹ According to John Pryor, the amount of land that could be sown with one quarter, *quartinus*, of seed, *Business Contracts of Medieval Provence*, 274.

⁴⁰² According to Pansier, a *faissa* is a “terraced strip of hillside supported by a wall,” *Histoire de la langue Provençale à Avignon du XIIIe au XIXe siècle*, s.v. “faissa.”

transition away from demesne and grange farming elsewhere in Europe at this time. Harvey has noted that, in England, “the changes that followed the Black Death of 1348-9 hastened the return to leasing, as the profit margin of agriculture was reduced...,”⁴⁰³ and, according to Donnelly, “eventually, during the fourteenth and fifteenth centuries...the Cistercians became as enmeshed as the Benedictines were in feudal and manorial attachments and also leased their lands...keeping under their own control only a few home farms or granges and having, even on these, tenants as well as hired workers.”⁴⁰⁴

The hospital rented out both lands and houses. *Sensas*, rents paid by tenants to landlords for simple usage, were assigned for lands, and *loguiers*, leases, were assigned for houses (*ostals*).⁴⁰⁵ Many registers also contain entire chapters on the collection of rents in arrears, whose volume and frequency attests to the challenges of leasing land;⁴⁰⁶ the register from 1417, for example, contains a chapter entitled, “*capitol de receptas de arrayrages de censas o de loguies*.”⁴⁰⁷ By the beginning of the fifteenth century, the hospital collected rents approximately once every two months; the table of contents from the 1417 register enumerates the dates of rent collection: 3 August; the Feast of Saint Miquell (29 September); All Saints Day (1 November); the Feast of Saint Thomas (likely, the Apostle, on 21 December); and the Feast of the Purification (2 February). Occasional and, admittedly, vague references suggest that administrators created a basic infrastructure to facilitate rent collection. On at least two occasions, they hired unnamed Jews to collect the hospital’s rents: in 1349, they paid 2 *lib.* 7 *s.* to the *juzieu per sensas que culli del espital*,⁴⁰⁸ and, in 1363, they 8 *s.* to the *juzieu que cuilhia las*

⁴⁰³ Harvey, *Manorial Records*, 7.

⁴⁰⁴ James S. Donnelly, “Changes in the Grange Economy of English and Welsh Cistercian Abbeys. 1300-1540,” *Traditio* 10 (1954): 401.

⁴⁰⁵ By the end of the fourteenth century, *sensas* were increasingly assigned to both houses and lands.

⁴⁰⁶ Franklin-Lyons identifies this challenge as one of the

⁴⁰⁷ 1 HD E 31, f. 2r.

⁴⁰⁸ 1 HD E 11, f. 26r.

sensas.⁴⁰⁹ In that same year, they paid a painter 8 s. for “twelve signs with the cross of the hospital which are to be placed in front of each house that the hospital holds under its seignury,”⁴¹⁰ though it is unclear if this act was practical and intended to facilitate rent collection, or if it was symbolic and intended as a visual reminder of the hospital’s presence in the city.

An analysis of expenditures in the post-Black Death registers indicate that the hospital purchased, rather than produced, grains and, more significantly, wine for household subsistence in this period, and further illustrates a shift away from direct farming in the second half of the fourteenth and early fifteenth centuries. Even before the Black Death, when Saint-Esprit cultivated wheat and other grains, hospital administrators occasionally purchased at market the grains they consumed. On 2 March 1347, for example, they purchased from a merchant 27 *eminas*⁴¹¹ of barley at 5 s. 4 d./ *emina*.⁴¹² An anomalous loose-leaf note inserted into this register, however, notes the receipt, in June and July, of: 4 *eminas* of beans (*favas*); 72 *eminas* of barley (*ordi*); 10 *eminas* of “old wheat” from the granary (*anona viella del granier*); 2 *eminas* of *gayssas*, 74 *eminas* of wheat (*anona*); 15 *eminas* of “simple” or “plain” oats (*sivada semplas*); and 1 *emina* of chickpeas (*sezes*). Without context, it is impossible to discern the means by which they acquired these staples, though the absence of any monetary value – either paid or received – suggests that they derived either from a direct harvest or from a sharecropping

⁴⁰⁹ 1 HD E 13, f. 52r. As Fabre, has noted, “plusieurs juifs faisaient alors à Marseille le métier de proxenète d’argent d’affaires,” *Histoire des institutions de bienfaisance* I, 97.

⁴¹⁰ 1 HD E 13, f. 60v: *Item. per xii senhals am la cros del espital que deviam metre sus cascun hostal que tem l’espital sostz sa senhoria que quosteron daimaron penhedor...valon...lib. viii s.*

⁴¹¹ A measure of capacity valuing 10L, Pansier *Histoire de la langue Provençale à Avignon du XIIe au XIXe siècle*, s.v. “*emina*.”

⁴¹² 1 HD E 9, f. 22r: *Item. comprem d’un mercadier de marteque a ii de mas xxvii eminas d’ordi per v s. iiiii d. l’emina...vii lib. iiiii s.*

arrangement.⁴¹³ Wine, in these years, remains overwhelmingly a product, rather than a purchase. By the later fourteenth century, however, hospital administrators recorded the purchase of large quantities of wine, in addition to other produce that they, previously, harvested themselves. The *mesions de boca* for 9 March 1399, for example, note the purchase of 30 *milheyrolas*⁴¹⁴ of wine for 24 *lib.*,⁴¹⁵ those from 27 September note 8 *milheyrolas* of wine purchased from the wife of Jacme Mornier, as well as the payment of 8 s. to transport them, and of 10 *milheyrolas* from Peyre Albert, which cost another 13 s. 4 *d.* to transport; those from 29 September note various purchases of wine totalling 36 *milheyrolas*, all of which had to be transported, for a fee, to the hospital.⁴¹⁶ Similar expenditures appear throughout the month of October. This same register also records the purchase of vegetables “at the market” (*ortalha al mercat*), and *eminas* of beans, *lenitls*, and wheat, all crops they, in the years before the Black Death, cultivated themselves. Such purchases, in combination with the shift in primary income sources from harvest to rent, illustrate the preference for leasing land, rather than managing it directly, in the years following the Black Death, and serve as an example of institutional adaptation to crisis.

3.5.2 Property Acquisition and the Sack of the City in 1423

If the Black Death was the greatest crisis that the Hospital of Saint-Esprit faced in the later Middle Ages, it was not the only crisis. In November 1423, the Aragonese sacked Marseille. In the preceding months, the count of Provence, Louis III of Anjou had displaced from Naples his rival, Alphonse V. As Christian Maurel has noted, Marseille played a determining role in the second house of Anjou, having supported the campaigns of Louis I in 1382-1384 and Louis II

⁴¹³ 1 HD E 9, loose leaf. Sharecropping seems like a less likely option, as the entries do not identify an individual from whom these staples were received; if the entry had been intended to record the fulfillment of a sharecropping agreement, one could expect to see the name of the other party.

⁴¹⁴ According to Smail, a *milheyrola* equalled approximately 66 litres, *Legal Plunder*.

⁴¹⁵ 1 HD E 31, f. 75v

⁴¹⁶ 1 HD E 31, f. 77v.

from 1390-1399 and 1409-1411. Thus, when Louis III sought to regain Naples from Alphonse V in June 1423, the city council of Marseille petitioned for permission from Queen Yolande to provide naval support to his efforts. In retribution for their allegiance to Louis III, a Catalan fleet of eighteen galleys and twelve ships, led by Alphonse V, attacked Marseille at compline on 20 November. For three days and three nights, the Aragonese burned and pillaged the city.⁴¹⁷ In a symbolic act of victory, the Aragonese stole both the large chain that protected the port and the relics of Saint Louis, which were found in the ruins of the house of the notary Aymes, and, several weeks later, placed them in the cathedral in Valencia.⁴¹⁸ According to Maurel, the effects of this attack on the city were as social as they were physical: in the weeks following the attack, citizens denounced their neighbours for partaking of the raiding of their properties; as Maurel has stated, “collaboration avec l’adversaire, vols entre concitoyens jouissant d’une certaine visibilité sociale réflechissent au total l’image d’une communauté parcourue de nombreuses lignes de fractures.”⁴¹⁹

The hospital accounts from 1423 describe in detail the devastation of this attack on Saint-Esprit.⁴²⁰ On 20 January, the scribe, after noting that he purchased 1 s. 4 d. worth of fish for the ordinary house, recorded as the final item for that day that the Catalans had sacked the city; the almost unremarkable record of this event reads: *Item. lo jorn dich son intratz los cathalans en aquesta p[rese]nt ciutat a i hora de nuech q[ue] barreieron e afogueron p[er] tot* (“Item. The said day, the Catalans entered into the present city, at one hour of night, which was attacked and burned everywhere”).⁴²¹ An entry from this same day records, summarily, that the hospital

⁴¹⁷ Christian Maurel, “L’événement au microscope: Fractures et renouveau d’un organisme urbain medieval: la société marseillaise à l’épreuve du sac des Aragonais (1423),” in *Événement, identité et histoire*, ed. Claire Dolan (Sillery, Québec: Septentrion, 1991), 39-41.

⁴¹⁸ Maurel, “L’événement au microscope,” 44.

⁴¹⁹ Maurel, “L’événement au microscope,” 45-46.

⁴²⁰ Fabre discusses this event in *Histoire des hôpitaux et des institutions de bienfaisance* I, 85-88.

⁴²¹ 1 HD E 34, f. 64r.

temporarily ceased their provision of food to the healthy and sick on account of the attack,⁴²² as “the Catalans robbed the entire house.”⁴²³ Only on 25 November, when the Catalans retreated to the islands, did the hospital resume its service, paying a baker 5 s. 4 d. to bake two planks of bread for provision for the house.⁴²⁴

Occasional entries scattered through the register echo the effects of the siege. One, dated 29 February, refers to the repayment of the oil that they borrowed from Notre-Dame-des-Accoules “in the time of the destruction” (*al tems de destruction*)⁴²⁵ An undated entry in the chapter on extraordinary expenditures notes that they “dispensed the rents that were lost the night of the siege of this present city, which had been received and which were on a tin plate at the foot of the bed in great room, the sum of which was stolen by the enemies, which totals 5 florins valuing 8 *lib*.”⁴²⁶ And entries from 16 December note expenses for repairs to the house, including plaster to close the window (*vissita*) in the *petita cambra* that the Catalans had demolished.⁴²⁷

As disruptive as such damages must have been to everyday life in the days following the attack, the greatest effect of the sack on the hospital appears in an entry from seven months later. The entry, dated 24 July 1424, notes that the rectors of both Saint-Esprit and Saint-Jacques-de-Galice, in the company of *maystre* Aventuron⁴²⁸ and *maystre* Aventuron Lombart, dined and

⁴²² 1 HD E 34, f. 63v: *Lo jorn davant dich intreron en masselha lo cathalans que bareieron e afogueron tota la cuitat e hay cess[at] de dar ordenari a tota gent malautz e sans.*

⁴²³ This clause appears under the expenses for 21 January for the ordinary house. 1 HD E 34, f. 64: *Dimengue a xxi de novembre han laysat a desterbuir ord[enari] car los cathalans hay raubat tot aquest present hostal.*

⁴²⁴ 1 HD E 34, f. 64r: *Item. dijovs a xxv de novembre aprop que los cathalans foron an lur exerssit a las illas de masselha hay pagat a i fornier de cayssaria per lo coyre de ii taulas de pan per provesion d’ostal ii gr. valon...s. v d. iiiii*

⁴²⁵ 1 HD E 34, f. 66v.

⁴²⁶ 1 HD E 34, f. 118r: *Item plus. hay despendat que si p[er]det la nuach de la p[er]dession d’esta present cuitat que avia receput de cens[es] en contant que era en i escudella d’estanh als pes de liech de la grant cambra laqual soma fon presa per los enemiys que monant v florin valon...lib. viiii*

⁴²⁷ 1 HD E 34, f. 111r.

⁴²⁸ Presumably, Aventuron Rodet.

supped at the hospital, and that Saint-Esprit and Saint-Jacques would share the resources (rents) of the Hospitals of Notre-Dame-de-l'Annonciation and Notre-Dame-de-l'Espérance, both of which must have been destroyed by the Catalans in the previous year.⁴²⁹ The records are, otherwise, silent on the long-term consequences of this reformation.

Although the attack by the Aragonese effected far less systemic change than did the Black Death, which reformed the manner in which the hospital sustained itself financially, it does reveal the stability and, thus, the scale of Saint-Esprit in the charitable landscape of Marseille. That the Hospitals of Saint-Esprit and Saint-Jacques de Galice – both overseen by the municipal council – survived the attack that resulted in the dissolution of the Hospitals of Notre-Dame-de-l'Annonciation and Notre-Dame-de-l'Espérance suggests that the former operated on a greater scale and experienced greater support than other institutions in Marseille in this period.

3.6 Conclusion

This chapter has sought to reconstruct the operational aspects of the Hospital of Saint-Esprit in order to provide insight into the spaces and mechanisms by which they provided the care that forms the focus of the final two chapters. Its concern for the mundane sheds light on the quotidian aspects of life in the hospital – the spaces of living and caregiving and the individuals who provided this care – and, especially, the means by which it sustained itself daily and coped in crisis.

⁴²⁹ 1 HD E 34, f. 71r: *Item lo jorn dich son statz los senhos rectos tant d'aquest present spital cant de sant jaume e foron per tot lo jorn admar e sopar hay despend tant pans blans vin fruchas e cars que mont tot tant aquesta p[rese]nt jornada cant lo dimecres segment que foron a sant jaume p[er] tot lo jorn e tota nostra p[ar]tida an foron certz abatament e la devesion de la censes dels l'espital de l'anunciada e de cari foron maystre aventure e maystre antoni lombart en lur companhia*

Chapter 4: The Sick and Their Care

4.1 Introduction⁴³⁰

On 7 March 1431, Paul Bonfilh, a Genoese, was brought to the Hospital of Saint-Esprit, suffering from dropsy (*mal de sant estrop*). In the days that followed, the hospital provided an individualized diet for him, administering mutton, white bread, and melon. Paul remained in the hospital for twenty days. Despite the care that he received there, he died on 27 August and was buried by the hospital that day in the cemetery of Notre-Dame des Accoules.⁴³¹

Eighteen years later, on Friday, 18 October 1449, Johanes de Basilea, from Germany (*de alamania; theutonicus*), arrived at the hospital, sick with a high fever (*fortiter febricitans*). Upon his arrival, the hospital gave him nothing to eat or drink, as learned theory dictated that a fever should be starved because digestion required too much strength. On the second day, they did likewise, as he did not ask for anything to drink. Johanes' long journey and extreme diet (that is, abstinence), however, had significantly weakened him and, by Monday, he had almost died (*quasi defecerat*); thus, Master Vincent⁴³² overrode traditional prescriptions and gave him chicken broth. By Tuesday, death was imminent; the hospital administered both communion and extreme unction. Only one day later, however, Johanes' condition improved, and they purchased a small chicken for him from the nuns of Sainte-Claire. The following day, thanks to a remedy that Master Vincent administered, he was on the path to recovery, and, by 1 November, his condition was improved enough that the hospital purchased eight fresh eggs for lunch and supper

⁴³⁰ Sections of this chapter appear in the forthcoming chapter, "Marginality and Community at the Hospital of Saint-Esprit in Late Medieval Marseille," in *Rethinking Medieval Margins and Marginality*, ed. Ann Zimo et al. (New York: Routledge, forthcoming 2020).

⁴³¹ 1 HD E 37, f. 90r: *mil iiic e [trenta] i dimecres a vii d'aost es estet portar i malaute en l'ost[a]l de sant sperit del mal de sant estrop lo qual a nom paul bonfilh agut lo dich jorn i pollas de vila e per i pan...d. iiic./...Plus. dimercres a xxii d'aost per mo[n]ton et per pan blanch et per i melon per lo ginoes que era estrop[ar]qui...qr. ii/ l'an mil iiic e trenta i de lunes xx et set d'aost mori lo ginoes que ave[m] lo mal de sant [e]strop e fon sebelir lo dich jorn en lo sementeri de las acoas.*

⁴³² The records include no mention of *magister* Vincent's profession. Based on the nature of the care he provided and the professional jurisdictions in Provence, however, it is likely that he was a physician.

for him and another patient, Maccino de Porto Galleto. On 5 November, eighteen days after his arrival, Johanes departed the hospital, *sanus et liberatus*.⁴³³

The experiences of Paul Bonfilh and Johanes de Basilea parallel those of many others. Individuals were brought to the hospital suffering from acute disease, fractures, wounds, and debility. Hospital caregivers, often on the advice of learned medical practitioners, developed a regimen specific to the individual. Some individuals died within only a day of their arrival, some after many weeks. Others, like Johanes de Basilea, recovered and departed the hospital.

This chapter provides a profile of care at the Hospital of Saint-Esprit. It considers, first, the nature and need of the individuals for whom the hospital provided. Although the hospital institutionalized all of the seven corporal works of mercy, the administrative entries in which we find these details place a notable emphasis on care for the sick. When noting expenditures for the hospital, scribes often referred to stuffs purchased for “the healthy and the sick of the house” (*los mallantes e los santz del la maizon*).⁴³⁴ This construction contrasts markedly with the discourses of other institutions, which, echoing the charitable ideology of the period, often construct the recipients of the hospital’s care as “the poor,” or “the poor of Christ.” By the mid-fifteenth century, entries concerning the care administered to the sick and wounded read almost like patient records. They note, in varying degrees of detail, the date of arrival, the affliction, the

⁴³³ 1 HD E 43, f. 86v: *Nota que die xviii octobris venit ad nostrum hospitale johanes de basilea de alamana fortiter febricitans un[de] nichil dedimus sibi p[ro] ista die et parum in secundam quare nichil sibi bibere quaerit./ Die xx octobris s[cilicet] de lune q[uare] q[ua]si defecerat d[ic]tus infirmus et propter yter magnum quod fecerat et propter magnam dietam scilicet abstinetiam de mandata m[agistri] vincetii emi sibi unam gallinam et dedi sibi jus ad potandum et [1 character illeg.] et expendi...gr. iii/...Die martis et xxi octobris dedimus sibi s[anc]tam communionem et oleum sanctum unde emi duas scutellas ligneas et xiii candelas et stuppam...gr. 0 p. iiiii/ ...Die mercurii et xxii octobris pro dicto infirmo qui incepit meliorare emi unam pulletam pro eo a monialibus s[anc]te clare expendi grossus unam...gr. i/...Die jovis et xxiii octobris pro d[ic]to infirmo que incipiebat melius sese habere propter bonum remedium quod dedit sibi magister vincentius emi i pullam...gr. i p. ii/ **f. 87r**: Die sabbati et prima novembris pro dictis duobus infirmis videlicet johane[s] de basilea theutonico et maccino de porto galleto ispano emi ova octo recentia pro prandio et cena expendi...gr. 0 p. iiiii/ **f. 87v**: Dicta die [5 November] recessit johanes theutonicus sanus et liberatus.*

⁴³⁴ 1 HD E 7, f. 34r, for example.

prescribed regimen, the direct intervention of a physician or surgeon, the date of departure or death, and, in the event of the latter, the arrangements made for burial. Increasingly, they recorded these details even when there was no cost attached to them. When considered alongside verbal constructions which focus on sickness and health, administrators' attention to such details shed light on how they conceived – at least, at the practical, administrative level – of their own vocation. When the hospital did record provisions for the ordinary poor, they generally take the form of ritualized distribution of clothing and alms outside the hospital walls, although, as this section will illustrate, at times, they responded also to individualized need in the community. This section thus relies on an analysis of what Miri Rubin has called the “discourse of charity”⁴³⁵ to reveal not only the objects of this discourse (the recipients of care), but also the perceptions and priorities of the hospital administrators evident in their discursive constructions.

Parts two and three of this chapter reconstruct, respectively, the physical and spiritual care that the hospital provided the individuals who sought it. At both the theoretical and practical levels, these types of care interacted more holistically than this division suggests. Peregrine Horden has noted that the historiographical temptation persists to conceive of the spiritual medicine prevalent in the hospital environment as medicine only for the soul and, by implication, not “medical.” He suggests that “the contrary argument can be put in dialectical form. Thesis: hospitals are medical only if they have attendant doctors. Antithesis: the primary medicine of all hospitals is religion. Synthesis: the religion of hospitals is a type of medicine...Anything that promotes medicine for the soul – sacraments, devotional images and

⁴³⁵ Rubin, “Imagining Medieval Hospitals: Considerations on the cultural meaning of institutional change,” in *Charity before the Welfare State*, ed. Jonathan Barry and Colin Jones, 26-45. London: Routledge, 1991.

the like – can be seen as altering the accidents of the soul.”⁴³⁶ Unlike the hospitals to which Horden’s argument speaks, the Hospital of Saint-Esprit in Marseille does not correspond only to the non-natural environment of a “medicine without doctors.” Members of the house tended to the spiritual wellbeing of patients. But they also contracted, on an annual basis, physicians, surgeons, and barbers to serve the sick within their walls and, as noted above, paid considerable attention to regimen. This chapter, then, seeks to reconstruct the caregiving of the hospital in its totality, as a medicine that sought to heal the sick through concomitant care for the body and the soul.

It should be acknowledged that the nature of the records, in some ways, obscures the character of the hospital’s caregiving. As financial accounts, they are concerned, on the most basic level, with the cost of care. If this chapter dedicates more attention to material than spiritual provisions, it is because the cost of caring for the body was, from day-to-day, greater than the cost of caring for the soul, and material provisions for the sick are thus disproportionately represented in the accounts. Identification of the spiritual dimension of caregiving, at times, requires an interpretive leap from the costs recorded on the page.

One dimension of spiritual care that does feature prominently in the records is death, and its prominence in the records illustrates the socio-religious significance of the hospital’s care. Entries related to the dead and dying reflect the hospital’s concern to enact a Christian ritual of death. The stages of this ritual were acts of incorporation. They included administration of the sacraments, preparation of the corpse, procession, and burial. Together, these acts incorporated into a Christian community in the afterlife those who lacked a community in this life. The

⁴³⁶ Horden, “A Non- natural Environment: Medicine without Doctors and the Medieval European Hospital,” in *The Medieval Hospital and Medical Practice*, ed. Barbara Bowers (Burlington: Ashgate Publishing Company, 2007), 142.

profile of care that emerges from the Hospital of Saint-Esprit's accounts thus reveals an institution that, much like confraternities, acted as a kind of surrogate family for the socially dislocated.⁴³⁷ It responded to the physical needs of individuals rendered marginal by diverse circumstances and, in the process, incorporated them into a community rooted in ritual and tradition. The medicine at Saint-Esprit, thus, sought to alleviate a need that was inextricably physical, spiritual, and social.

A note on the sources:

As noted in the Introduction, the organization and level of detail in the accounts evolved dramatically around the turn of the fifteenth century. Names of individuals replace the collective sick, and an unprecedented concern to record their circumstances emerges. The data in this chapter thus derive disproportionately from the period between 1397 and 1457. While data from the preceding ninety years contribute to overarching conclusions, the incommensurable nature of these entries makes it difficult to track change over time. It is, for example, very difficult to discern whether a greater attention to individuals' afflictions reflects a higher level of "medicalization" in the hospital after 1400 or an evolution in record-keeping that now saw such details as necessary to justify the hospital's spending.

4.2 Recipients of Care

The hospital provided care and relief for the needy both within and outside its walls, and linguistic constructions of the recipients of this care tended to correspond to this spatial distinction. The term "poor," though notably infrequent, corresponds more often with the distribution of charity outside of the hospital walls, while the term "sick" corresponds with those

⁴³⁷ For a consideration of confraternities as surrogate families, see Jacques Chiffolleau, "Les confréries, la mort et la religion en Comtat Venaissin à la fin du Moyen Âge," *Mélanges de l'École française de Rome. Moyen-Age, Temps modernes* 91:2 (1979): 785-825; Joëlle Rollo-Koster, "Death and the Fraternity. A Short Study on the Dead in Late Medieval Confraternities," *Confraternitas* 1:9 (1999): 3-12, and "Forever after: the dead in the Avignonese confraternity of Notre Dame la Major (1329-1381)," *Journal of Medieval History* 25:2 (1999): 115-140.

inside the hospital. Outside of these two characterizations, by the beginning of the fifteenth century, the Hospital of Saint-Esprit also routinely fed prisoners held in the city's jail, as well as provided, throughout the period under consideration, for abandoned infants, who form the focus of the next chapter. Occasionally, a pilgrim appears in the entries, but, if their presence was common, scribes did not note it.⁴³⁸

4.2.1 Outside the Hospital Walls: The Poor

While individuals for whom the Hospital of Saint-Esprit cared were rendered marginal in the city and thus in need of the hospital's care for a variety of reasons, the majority would have been poor. As Chapter One examined, hospitals institutionalized the idealization of care for the poor; individuals with the financial and social resources would have sought accommodation and care elsewhere.⁴³⁹ References to Saint-Esprit in records produced through the municipal council and the public notariate confirm this sociology. Laurens Aycart, the first notary of the *Liber del tresaur*, introduces the institution whose records he indexed as "the hospital of the poor of Christ of Saint-Esprit of the city of Marseille" (*hospital dels paures de Crist de Sant Sperit de la cieutat de Masselha*),⁴⁴⁰ and it is the *paures* who appear as the recipients of the charitable donations and bequests in ten out of a total of eleven cases; only one names the *malautes* as beneficiaries. Michaud's research on notarial records in Marseille has demonstrated that individual voices can be heard in wills, ⁴⁴¹ and, as a result, that their charitable expressions were not limited to a single term, though, the majority of gifts intended for Saint-Esprit construct the recipients as "poor,"

⁴³⁸ In 1330, for example, a scribe noted that the hospital received 2 *lib.* 10 *s.* 1 *d.* from a pilgrim (*romajeu*) named Felip de Saint-Denis who had died at the hospital (1 HD E 2, unfoliated).

⁴³⁹ According to Geremek, "As soon as material circumstances permitted, people looked after themselves at home. The sick who sought refuge in the hospital came from the lower ranks of society," Bronislaw Geremek, *The Margins of Society in the Late Medieval Paris* (Cambridge: Cambridge University Press, 1987), 177.

⁴⁴⁰ Glessgen, "*Lo thesaur del hospital de Sant Sperit*," 43.

⁴⁴¹ See, for example, "Family Emotional Outlets? Women's Wills, Women's Voices in Medieval Marseille," in "*For the Salvation of my Soul*": *Women and Wills in Medieval and Early Modern France*, ed. Joëlle Rollo-Koster and Kathryn Reyerson (St. Andrews: Centre for French History and Culture of the University of Saint-Andrews, 2012), 25-43.

either substantively or as a part of a more complex construction, such as “sick poor” or “poor of Christ.”⁴⁴² In the 1396 notarial act discussed in Chapter Two, Jacominus Renelhoni and his wife, Guillmeta, promise to give themselves in service to God, the Virgin Mary, and the healthy and sick poor of Christ in the Hospital of Saint-Esprit.⁴⁴³ In exchange for the provision of social security, they promised to conduct themselves honestly and faithfully in service of the hospital and the poor of Christ.⁴⁴⁴ The act refers five times to the poor or the poor of Christ whom they will serve. The substantive use of this term reflects the discursive construction of the hospital as a space that cared for individuals of a certain social, rather than physical, circumstance; although the first example illustrates the presence of the concept of sickness and wellness, it is used only once, and only adjectively. This preference demonstrates, as Saunier has argued of Northern France, that poverty and illness were closely linked in the minds of donors.⁴⁴⁵ According to Saunier, “la misère chronique – mauvaise alimentation et hygiène défectueuse, absence d’un toit fixe et errance, ressource irrégulières –, provoque ou aggrave l’emprise de la maladie qui, par ailleurs, interdit brutalement à l’être humain de poursuivre ses activités, le prive de ses revenus et le précipite souvent dans une détresse immédiate.”⁴⁴⁶ As testators participated in charitable giving, in part, as an investment in the economy of salvation, the moral condition of those whose prayers they purchased weighed on their fate; by categorizing the beneficiaries of their service as “the poor of Christ,” Jacominus and Guillemeta, also, established parallels between the suffering of the sick and the suffering of Christ, and thus established them as ideal subjects of charitable giving.

⁴⁴² Francine Michaud, e-mail message to author, 2 June 2017. I am very grateful to Prof. Michaud for sharing with me references to the hospital in the notarial records.

⁴⁴³ 1 HD F 1: ...*dedicaverunt, dederunt et obtulerunt ad serviendum deo et beate ac gloriose virgini marie matri sue ac Christi pauperibus sanis et egris in dicto hospitali...*

⁴⁴⁴ ...*se bene honeste et fideliter gesserunt in servitio dicti hospitalis et Christi pauperum predictorum.*

⁴⁴⁵ Saunier, “*Le pauvre malade*,” 11.

⁴⁴⁶ *Ibid.*

Scattered references to the hospital in the municipal council records, located through secondary literature,⁴⁴⁷ indicate the council who oversaw its administration likewise conceived of it as, above all, a space for the poor. As noted in Chapter Two, according to Mabilly's inventory, when in 1359 the city council addressed the hospital's vocation they stated that "l'Hôpital du Saint-Esprit devant être, comme l'indique son nom, l'hôpital des pauvres du Christ,"⁴⁴⁸ and, in a meeting in 1390, a scribe for the council noted that they convened *in aula domus pauperum sancti spiritus*.⁴⁴⁹ Chapter 76 in Book VI of the municipal statutes states, likewise, that on 9 April 1396, the council convened *in aula domus Hospitalis Christi pauperum Sancti Spiritus*, and Chapter 61 of this book refers in Provençal to the *paures de Sant-Esperit*.⁴⁵⁰

Yet hospital administrators only rarely used the term "poor" – adjectively or substantively – to characterize those for whom they cared. Even in the mid-fourteenth century,⁴⁵¹ when scribes tended toward more abbreviated descriptions of incomes and expenditures, they conceived broadly of those in the house in terms of wellness and illness, rather than poverty; thus, in 1348, the scribe recorded the "food expenses for the healthy and sick" (*mesion de boqua per sans e per malautes*).⁴⁵² Although the term "poor" does begin to appear with slightly more frequency at the end of the fourteenth century, when there is, generally, more concern for detail, the rate of increase is proportionate to or lower than that of other terms. Scribes referred far more frequently to individuals' physical states (sickness, injury) than to their social statuses (poverty), and employed the term "sick" more consistently than any

⁴⁴⁷ This conclusion is tentative and requires a closer examination of the original records.

⁴⁴⁸ *Inventaire sommaire des archives communales antérieures à 1790. Série BB*, t. 1, 87.

⁴⁴⁹ Teissier, *Marseille au moyen âge. Institutions municipales, topographie, plan de restitution de la ville* (Marseille: V. Boy, 1891), 5-6.

⁴⁵⁰ Book VI, chapters 61 and 76, *Les statuts municipaux de Marseille*, ed. Pernoud, pp. 241 and 252.

⁴⁵¹ Until the 1330s, scribes rarely described the nature of the recipients of the hospital's care, and referred only to itemized purchases for the house, generally.

⁴⁵² 1 HD E 10, from 1348, for example, refers to the *mesion de boqua per sans e per malautes* (food expenses for the healthy and sick).

other qualifier throughout the period under consideration. Register 1 HD E 21, from 1398, contains the highest frequency of the term “poor” for the entire period under consideration, where it appears eight times in the entries. The term “sick,” however, appears fifty-one times, and “wounded” ten times. “Poor” thus accounts for only 11.5 per cent of the terms. In 1 HD E 26 (1408) the term “sick” appears 458 times, while the term “poor” appears only five times, accounting for only 1 per cent of the terms. And, in 1 HD E 31, from 1417, “poor” accounts for five per cent of the terms (6/105). When scribes did employ the label of poverty to describe recipients of the hospital’s care, they provided little indication of the nature of this poverty. Although, as Mollat has demonstrated, by the later Middle Ages, society began increasingly to distinguish between the deserving and undeserving poor,⁴⁵³ a scribe for the Hospital of Saint-Esprit only once echoed this concern when, in 1397, he noted the distribution of alms to the *paures gens vergonhas*, the “shamefaced poor persons.”⁴⁵⁴

References to the poor are rare enough to stand out in the records. The term “the poor of Christ” appears for the first time in an entry from 1365, when four sheets were given to Robert, the hospitaller of the Aubagne house, to cover *los paures de crist*.⁴⁵⁵ In the register from 1408, the scribe referred five times to purchases for the “sick poor” (*paures malautes*),⁴⁵⁶ a construction common in Northern French hospital records from this period but, with the exception of this folio, generally absent from the Marseillais records.⁴⁵⁷ Nicolau Alphant, a chaplain and administrator of the hospital, introduced the accounts from 1416 and 1423 as being

⁴⁵³ Mollat, *The Poor in the Middle Ages*, 290.

⁴⁵⁴ 1 HD E 19, f. 36r. *Mendics*, beggars, do not appear in the hospital due to their poverty alone. Only once a man described as someone who begs appears amongst the sick, and his social state is accompanied by physical ailment.

⁴⁵⁵ 1 HD E 15, f. 7v.

⁴⁵⁶ 1 HD E 25, f. 54r. These occurrences account for only small portion of the terms used; on this folio, alone, the term *malautes* appears without the adjective *paures* another eighteen times.

⁴⁵⁷ Saunier, “*Le pauvre malade*”

of “the hospital of the poor of Christ of Saint-Esprit,”⁴⁵⁸ and, in 1416, placed provisions for the sick under the chapter heading “Expenses made for the sick according to the prescriptions of physicians, such as mutton, goats, hens, chickens, fruits, white breads, and other things that are necessary for them, which are in the year 1416 and in the register of the honorable rectors of the hospital of the poor of Christ of Saint-Esprit, distributed by me, Nicolau Alphant, chaplain and administrator...”⁴⁵⁹

Terminological trends appear, at first glance, to correspond to language. The majority of references to the poor appear in Latin records, while references to the sick appear most frequently in the vernacular of the account books. A closer consideration, however, reveals that these concepts are constructions of the institutions who produced the records, and not a product of vernacular versus official discourses, in a linguistic sense.⁴⁶⁰ The exceptional case of the *Liber del tresaur*, composed by notaries in the vernacular, permits this observation, as does the appearance of the vernacular *paures del Sant-Esprit* in the municipal statutes. The relative absence of the terms related to poverty in the hospital accounts contrasts markedly with the vocabulary of records produced through other institutions, like the public notariate and the

⁴⁵⁸ 1 HD E 30, f. 3r: *E[n] nom de dieu sia e de Madonna sancta maria e en [1 word illeg.] e l'ausor de sant sperit amen l'an de nostre senhor que hom comta m^o cccc xvi a vi del mes de may hay a comensat yeu nicolau alphant cappellan e aministrador ad aministrar despenses e receupudas en lo regiment dels venerables homes e senhos hurbanet johan e gulhem lort rectos elegitz per lo hon[orable] concelh de la universsitat de masselha en l'espital dels paures de X de sant sperit en l'an sus dich con apar per capitols en aquest present libre;*” 1 HD E 34, f. 3r: *En nom de nostre senhor sia amen l'an de la nativitat de nostre senhor que hon conta m^o iiii^c xxiii^o lo jorn divendres xxii del mes d'octobre yeu nicolau alphant cappellan aministrador en aquest p[rese]nt hostal hay accome[n]ssat aquest p[rese]nt libre lo qual conten intradas de totas recepudas e yssidas de totas despenssas sota lo regiment dels venerables homes urban Johan e Johan de Montolin senhos rectors en aquest p[rese]nt [hospital] elegitz per noble consell general de la p[resen]t cuitat de mass[elha] [en] espital dels paures de X de san sperit de mass[elha].*

⁴⁵⁹ 1 HD E 30, f. 21r: *Segon si despen[ses] fachas per los malautes segon las ordenacions desl meges tan ten monton cabritz gallinas pollalhas fruchas pans blancs ho autras ca[usa]s que lur sian necess[arias] quals que sian enl 'an m^o iiii^c xvi e en lo regiment dels hon[orables] rectos de l'espital dels paures de X de sant sperit destorbudas per mi Nicolau Alphant cappellan e aministrador en la forma que senset”*

⁴⁶⁰ Daniel Lord Smail, in *Imaginary Cartographies*, has illustrated the extent to which different institutions conceived of and constructed differently the same subjects, in this case, space. Smail, *Imaginary Cartographies: Possession and Identity in Late Medieval Marseille* (Ithaca : Cornell University Press, 1999).

municipal council. This observation does not intend to imply that the wills of individuals were circumscribed by institutions, only that their words were shaped by their function. The relative absence of the poor in the hospital accounts is likely more a result of accounting priorities that obscure their visibility, rather than their absence from the hospital. The hospital accounts served a quotidian function; administrators used them to account, on a day-by-day basis, for the hospital's resources, and, as noted in Chapter Two, presented them to the rectors for audit. Emphasis on the sick poor, rather than the ordinary poor, in the records likely reflects the need to account for their extraordinary and, at times, extensive, needs. And, ultimately, the sick *were* poor,⁴⁶¹ and the hospital *did* provide for the poor who were not sick, so it was not necessary for scribes to qualify poverty in the records.

Provisions for the poor, often, appear in the form of ritualized distributions outside of the hospital.⁴⁶² Some appear in expenses paid by the hospital, others in incomes received as charitable donations or bequests. Early fourteenth-century entries make references to costs for non-descript alms or clothing.⁴⁶³ The register from 1341, for example, records expenses for coats for the poor (*los mantel dels paures*) alongside those for fabric for the brothers.⁴⁶⁴ By the end of the fourteenth century, alms, food, and clothing were routinely distributed on major feast days to the *paures*, collectively. Christmas was the favoured time for such distributions.⁴⁶⁵ On

⁴⁶¹ Jacqueline Caille has suggested that "...les malades sont eux-mêmes des 'pauvres', et tous sont des manifestations du Christ souffrant," *Hôpitaux et charité publique à Narbonne au Moyen Age* (Toulouse: Privat, 1978), 103.

⁴⁶² Not all instances of such provisions are accompanied by the term *paures* or *pauper*, but the poverty of the recipients can be inferred from the nature of the provisions (alms, for example). These ritualized distributions, though examples of what Terpstra has labelled "patronal charity," lack the lavish "wastefulness" of their Renaissance Italian counterparts, which aimed to "show the poor a good time." Terpstra, *Cultures of Charity* (Cambridge: Harvard University Press, 2013), 34-35.

⁴⁶³ An entry from 1331, for example, reads *Item. q[ue] ac d'almorna...s. iii d. iii.* 1 HD E 4, unfoliated.

⁴⁶⁴ 1 HD E 8, unfoliated: *Item. per los mantel dels paures e per drap que vestin los fraires...xiii lib. iii s.*

⁴⁶⁵ Charitable distributions transpired most commonly on Christmas in Avignon and Apt, also. See Chiffolleau, *La comptabilité de l'au-delà*, 318.

Christmas Day in 1397, the hospital distributed various alms in the form of wheat and deniers to the *paures gens vergonhas*.⁴⁶⁶ On 20 December 1409, they purchased 18 *lib.* 12 *s.* 4 *d.* worth of woolen fabric to make twenty shirts to give to the poor on Christmas Day.⁴⁶⁷ On Christmas Eve, 1410, they provided bread (from two *eminas* worth of wheat) and two *milleroles* of wine.⁴⁶⁸ In a particularly symbolic act, on Christmas Eve, 1417, the rectors ordered the purchase of 18 *canas*⁴⁶⁹ of fabric to clothe twelve paupers.⁴⁷⁰ This figure recollects the number of apostles, and echoes the symbolic episcopal charity of the Early Middle Ages, which often sheltered, clothed, and fed a group of twelve paupers in the cathedral.⁴⁷¹ When Innocent III established hospitals in Rome, he maintained the customary distribution of small stipends to twelve paupers.⁴⁷² For this same Christmas Eve, they also purchased bread and mutton for all the poor who came to the doors of the hospital, and mutton for the prisoners and for the sick of Saint-Lazare.⁴⁷³ The hospital provided for the poor on other days, as well. On 31 December 1416, for example, they gave the *donada costumada* of bread, wine, and the meat of two sheep to all who came to the

⁴⁶⁶ 1 HD E 19, f. 36r: *Plus ave[m] bailat per diversas almornas bailada e donadas en blat ez en denies a paures gens vergonhas p[er] la festa de calenas co[n] apar ava[n] e[n] I fueilh escrit per la ma[n] de moss[sen] sufren que mon[ntan]...lib. vi s. xvi d. iv.*

⁴⁶⁷ 1 HD E 26, f. 108r: *Item. a xx de deze[m]bre pagniei p[er] xx camias de drap d'anisses p[er] donar als paures las quals xx camias es tengut l'espital de donar a calemas e maistre raimon helies notari es tengut de pagnar la quarta part costana la cama vii g. montan xi florin viii g. que valon...xviii lib. xii s. iiiii d./ Item. pagniei p[er] portar lo dich drap a l'espital...viii d.*

⁴⁶⁸ 1 HD E 28, f. 92r: *Item. a xxiiii de dezembre que fon la vegelia de calendas donem l'almorna ques a costumada soes saber doas deminas d'anona en pan e doas milhairolas de vin.* This presence of this entry is significant, as it contains not clear monetary cost.

⁴⁶⁹ According to Pansier's *Histoire de la langue Provençale à Avignon du XIIe au XIXe siècle*, a *cana* is a measure equivalent to 1 m. 98.

⁴⁷⁰ 1 HD E 31, f. 31v: *Item. lo jorn dich [xxiiii de desembre] hay pagat de comandam[en]t dels senhos rectos a sen monet blancart drapier p[er] xviii canas de drap d'alban blanc q[ue] foron p[er] vestir xii paures al jorn dich q[ue] costeron a rason de xxiii s. iiiii den[ier] la can[na] montan...lib. xii s. xviii.*

⁴⁷¹ Brodman, *Charity and Religion in Medieval Europe*, 14.

⁴⁷² Brodman, *Charity and Religion in Medieval Europe*, 19.

⁴⁷³ 1 HD E 31, f. 41v: *Item plus. hay despendet per comrade ii monton que foron per la dona que si fa la dicha vigilia de nadal a la porta a tot paure venent.../ Item plus. hay despend per compra de i quarton de monton que foon per distribuir enre los p[re]son[as] e los malautz de sant lazer.../ Item plus. hay despend per compra de iiiii eminas de pan blanc que foron distribuïdas als dixt paures a la porta per los senhos rectos apar avant en compras de blas florin xliii en la segona pag.*

doors of the hospital,⁴⁷⁴ and, on 14 February (Shrove Tuesday) 1458, they purchased goat for themselves, the men working the vines, and the poor.⁴⁷⁵ The collective construction of the poor as an indistinct social group, in part, accounts for the lower incidence of the term in the records; a single reference to provisions for the poor implies assistance for many people.

In addition to ritualized distributions to the collective poor, the hospital also responded to individualized need which, at times, was mediated by other members of the community. I have encountered five instances of “mediated” charity in the records. On 28 June 1397, 8 s. were given to the wife of Antoni Ricau for a “very poor woman” (*femena fort paura*).⁴⁷⁶ Ten days later, the rectors gave 9 s., *per amor de dieu*, to *dona Laureta de Rabet* and the wife of Antoni Gigo for a *paura femena* who had been injured by her husband.⁴⁷⁷ The other three instances transpired the following register year. On 8 April 1398, the rectors gave, *per amor de dieu*, 8 s. to the wife of Peire Vidal for a *paure femena*.⁴⁷⁸ On 7 January 1399, they gave 8 s., *per amor de dieu*, to the wife of Peire Atos for half the cost of a robe for a *paura femena*.⁴⁷⁹ Ten days later, they gave 8 s., *per amor de dieu*, to *dona Micolana de Montolieu* for a *paura femena*.⁴⁸⁰

These five cases are significant for a few reasons. First, in all five cases, the mediators are women. This suggests that, in Marseille, elite women might act as agents of urban charity.

⁴⁷⁴ 1 HD E 30, f.11r: *Item. lo jorn dich son la donada costumada a tot venent a la porta de pan vin e carn en q[ue] has ii montons q[ue] costeron xxviii grosses valon...lib. iii s. xiiii d. viii*

⁴⁷⁵ 1 HD E 45, f.53r: *lo mars a xiiii de februari ay pagat de carn i cartier de moton per tos tant per nos coma per los homes de las vinhas et tot los paures iiii gros.* We know that this day was Shrove Tuesday because the entry for the following day notes that it was *lo mercres, lo permier jorn de Caresma a xv de februari*.

⁴⁷⁶ 1 HD E 19, f. 29r: *Plus ai bailat a la molher d'antoni ricau p[er] ia femena fort paura a xxviii juin...s. viii/ destos ii s. G[uilhem] de sant gili det [1 word illeg.] con nos*

⁴⁷⁷ 1 HD E 19, f. 29r: *Plus ave[m] donat per amor de dieu a a [sic] dona laureta de rabet ez a la molher d'antoni gigo per ia pa[u]ra feme[n]a que fon nafrada p[er] son marit ...lib. s. viii*

⁴⁷⁸ 1 HD E 21, 62v: *Item. aquel jort baylien a sen G[uilhem] de cavalhon q[ue] donet a la molher de peyre vidal q[ue] debia donar p[er] amor de dieu a ia paure femena...viii s.*

⁴⁷⁹ 1 HD E 21, f. 90v: *Item. aquel jort pagniei a la molher de sen peyre atos q[ue] li doneron los senhors rectos p[er] amor de dieu p[er] la mitat de la rauba de ia paura femena...viii s.*

⁴⁸⁰ 1 HD E 21, f. 91v: *Item. aquel jort pagniei a dona micolana de montolieu q[ue] li doneron los senhors p[er] amor de dieu a ia paura femena...viii s.*

In Montpellier, elite women of the city formed the Ladies of Wednesday, a charity active between the end of the thirteenth century and the beginning of the sixteenth century. The Ladies gathered on Wednesdays at the Church of Notre-Dame-des-Tables to collect alms for the poor of the hospitals in the city.⁴⁸¹ According to Kathryn Reyerson, they “functioned as a corporate entity (*personne morale*), much as a traditional confraternity, with the ability to receive pious donations, establish chantries, and administer property.”⁴⁸² There is no indication that, in Marseille, the women who administered charity were organized formally like the Ladies of Wednesday, though the first example, in which two women gave money to an abused woman, suggests that women might engage collectively in philanthropic activities. Second, in all five cases, the recipients are women. This suggests that networks of assistance were, at times, formed along gendered lines.⁴⁸³ The case of domestic abuse is especially revealing, as it illustrates the function that these gendered networks could play when the support of other social ties, like marriage, was broken.⁴⁸⁴

On occasion, the hospital responded directly to individual need, as well. In 1363, for example, they gave money to a woman in the city who was poor and pregnant for milk for her infant.⁴⁸⁵ On 28 February 1410, on command of the rectors, they gave 5 s. 4 d., *per amor de dieu*, to a *paure home on carriera nova* who had nothing to give his three sick children.⁴⁸⁶ That

⁴⁸¹ Dumas, *Santé et société à Montpellier à la fin du Moyen Âge*, 270.

⁴⁸² Kathryn Reyerson, *Women's Networks in Medieval France: Gender and Community in Montpellier, 1300-1350* (New York: Palgrave MacMillan, 2016), 161.

⁴⁸³ Ibid.

⁴⁸⁴ Susan McDonough has examined claims of domestic abuse in Marseille in her article “She Said, He Said, and They Said: Claims of Abuse and a Community’s Response in Late Medieval Marseille.” *Journal of Women's History* 19 (2007): 35-58.

⁴⁸⁵ 1 HD E 13, f. 65r: *Item. que dem a i paura jacuda quez era en vila e malauta per ajudar a pagnar per lo lag que dona a l'enfant...a xxx de may...q[uotan]...lib xvi s.*

⁴⁸⁶ 1 HD E 28, f. 90r: *Item. a xxviii de fevrier de coma[n]damen dels senhors rectors ai donat p[er] amor de dieu a i paure home que esta en carriera nova per iii enfans que eran malautz e non avia de que lur dones a majar donei lu ii gl. montan...lib. v s. iiii d.*

same year, again on the command of the rectors, they gave three quarters of a sheep to a *paura hostalada*.⁴⁸⁷

These examples underscore that, while the Hospital of Saint-Esprit's response to the poor was, generally, ritualized, it could also be individualized, shaped by specific needs in the community. It is significant to note that, in six of these seven cases of individualized response, provisions were made on the order of the rectors. Rectors intervened only rarely in the hospital's caregiving; as noted elsewhere, their primary role was the financial oversight of the institution. That they engaged actively in these cases sets such acts apart from the hospital's more routine caregiving. Perhaps, this intervention indicates that hospital administrators required permission for extraordinary charity.

The Hospital of Saint-Esprit's provisions, both ritualized and individualized, mediated and direct, for the poor outside of its walls situated it firmly in the urban landscape of Marseille. The examples of individualized charity, especially, illustrate the extent to which its caregiving was shaped by the nature of need in the city. These rhythms of urban life, and, particularly, of port life, shaped the nature of need *inside* the walls of the hospital, as well.

4.2.2 Prisoners

Another ritualized response to needs in the community took the shape of provisions for prisoners in the city's jail. One of the seven corporal works of mercy concerns the ransoming of captives or prisoners. As a port city, Marseille was particularly vulnerable to piracy, and the municipal council records are replete with the city's struggles to protect against it. In 1323, for example, they employed armed boats to guard against pirates,⁴⁸⁸ and, according to McDonough, "family members of captives brought their pleas to the city council in search of help ransoming

⁴⁸⁷ 1 HD E 28, f. 92v: *Item. De lecrensia (?) e de comandament dels senhors ai donat a huna paura hostalada 3 quartz de monton costet ii g. montan...v s. iiii d.*

⁴⁸⁸ *Inventaire sommaire des archives communales antérieure à 1790. Série BB, t. 1, 23.*

their kin, and returned captives came before the council to lay blame for their capture and demand restitution.”⁴⁸⁹ Michaud’s analysis of testamentary practices in Marseille reveals that, in the thirteenth century, although civic concerns received only passing attention in testaments, testators did make bequests for the ransoming of captives in the hands of pirates.⁴⁹⁰ By the fourteenth century, however, “testateurs se soucient des prisonniers d’un autre ordre, à savoir ceux dont la gêne économique a réduit à l’emprisonnement pour insolvabilité.”⁴⁹¹ And it was these prisoners, housed in the city’s jail, who received the caritative attention of the Hospital of Saint-Esprit.⁴⁹²

Provisions for prisoners was routine. Every Friday, administrators purchased fish for them and for the house. According to Fabre, this practice was institutionalized at Saint-Esprit in the 1394 testament of Julian de Casals, who charged the hospital with providing, every Friday, food for the prisoners.⁴⁹³ It seems that it took four years for it to become practice, however, as the first recorded mention of provisions for prisoners dates to 1398.⁴⁹⁴ From this point on, it appears relatively consistently in the entries, sometimes amongst the Fridays’ food expenses, sometimes in its own chapter of the registers. The register from 1449 contains the most detailed entries concerning and extensive provisions for prisoners. They appear under a chapter heading

⁴⁸⁹ McDonough, *Witnesses, Neighbours, and Community*, 19.

⁴⁹⁰ In 1202, the Trinitarians, an order dedicated to the ransoming of those enslaved by corsairs, although, according to Fabre, “...nous pouvons dire ici, sans crainte de nous tromper, que les Trinitaires, oubliant bientôt leur origine, négligèrent beaucoup l’oeuvre de la Rédemption des captifs, soit que leur zèle se fût refroidi, soit que les ressources leur manquassent.” *Histoire des hôpitaux et des institutions de bienfaisance de Marseille*, v. 2, 277.

⁴⁹¹ Michaud, “Le pauvre transformé,” 275. There also existed an *aumône* led by the fishermen which “était assez riche, en 1385, pour acheter une galère destinée à repousser les corsairs,” and “des pêcheurs destinaient une partie du produit de leur pêche aux pauvres esclaves de la Barbarie et au soulagement d’autrement malheureux.” *Ibid.*

⁴⁹² The statutes promulgated by Roger de Molins in 1181 for the Hospital of Saint-Jean de Jerusalem reveal that hospitals, like testators, were originally concerned with ransomed captives. Rule II, 5, states that “l’aumonier soloit doner xii deniers à chascun prisonier quant il venoit de la prison premierement;” according to Le Grand’s annotation, “la traduction latine montre qu’il s’agit des captifs délivrés: ‘cuidam capta, anno primo ab jugo captivitatis evellebatur,’” Léon Le Grand (ed.), *Statuts d’hôtels-dieu et de léproseries. Recueil de textes du XII^e au XIV^e siècles*, 14.

⁴⁹³ Fabre, *Histoire des hôpitaux et des institutions de bienfaisance de Marseille*, v. 2, 253.

⁴⁹⁴ 1 HD E 29, f. 69r.

which reads, “Here I, the aforesaid Andreas, priest, write all expenses made and to be made for the prisoners for whom I am obliged, every Friday, to provide lunch. And this is for the year 1449.”⁴⁹⁵ From Andreas Jacobi’s entries, we learn that the hospital, as was customary (*ut moris est*), prepared dishes (*ferculum*) for lunch from fish (*piscibus*), beans (*fabis menudis*), lentils (*lentibus*), peas (*pisellis*), non-descript pulses (*leguminis*), kidney beans (*fasiolis*), leeks (*porris*), and chickpeas (*ciceris*). They also purchased oil to fry the fish and to preserve any leftover food for the hospital.⁴⁹⁶ In 1457, Peyre Rossel, *cappelan et procurador*, noted the provision of bread, wine, soup (*potagi*), and a pittance for the prisoners.⁴⁹⁷

Figures from 1408, 1449, and 1457 reveal that the number of prisoners in the city’s jail could range from two to fifty-eight, though it only rarely exceeded twenty. Between 27 September and 13 December 1408, it held uncharacteristically high numbers of inmates, with counts dropping below twenty for only three of the eleven weeks. The prison itself, described in court records as flimsy,⁴⁹⁸ appears to have contained two levels; in his account, Andreas Jacobi distinguishes between prisoners in the upper and lower prisons.⁴⁹⁹ Smail describes the space as a “debtors’ prison,”⁵⁰⁰ as it “seems to have been used to hold impecunious debtors at the behest

⁴⁹⁵ 1 HD E 43, f. 113r: *hic prope scribam Ego presbiter Andreas p[redictus] omnes expensas pro me f[a]c[i]as et faciendas pro incarceratis quibus obligam semper in die veneris dare[m] eis prandium. Et est pro annum mcccxlvi.* In 1 HD E 45 (1457-1458), f. 75r the heading reads: *Capitol dels prezoniers ^que son en carssem^ los vendres de l’an jeu peyre Rossel cappelan e procurador de l’espital sant esprit pan e vin e pidanssa a comensan l’an de l’encarnation m iiic lvii a xx de jenoyer estant rectoris sen johan haubertas e sen joffre torcat fenis l’an m iiic lviii a xx de jenoier.*

⁴⁹⁶ 1 HD E 43, f. 113r: *Item. pro dicta die emi libra[m] una[m]oley ab uxori m. Alexii pro frigendo dictos pisces et pro condiendo ferculum residuum servatur pro familia domus expend grossum unum...gr. i*

⁴⁹⁷ For example: *Item. lo cart vendres de february ay mandate en la carcem a vii prezoniers pan et vin e potagi et per la pidanssa..s. i d. iiic, 1 HD E 45 f. 75r.*

⁴⁹⁸ Smail, *The Consumption of Justice: emotions, publicity, and legal culture in Marseille, 1264-1423* (Ithaca: Cornell University Press, 2003), 176.

⁴⁹⁹ An entry on 1 HD E 43, f. 113r, for example, states: *Et primo die veneris s[cilicet] prima Augusti pro octo incarceratis qui erant in carcere inferiori quinque et tres in superiori pro quibus emi pisces pro sex patachos pro faciendo eis prandium*

⁵⁰⁰ Smail, *Legal Plunder*, 157-160. Smail describes the debtors’ prison as serving an exemplary function in Marseillais society.

of their creditors rather than assailants,”⁵⁰¹ a form of being held for ransom. The first chapter of Book II of the municipal statutes further establishes the space as a debtors’ prison; reflecting on the statute, Pernoud describes that “la prison pour dettes se trouve...au Palais, et dans la rue du Palais lui faisant face, vers l’Ouest – si toutefois on peut appeler prison ce qui se réduit à une residence surveillée dans l’une des maisons de cette rue, avec faculté d’en sortir une fois par jour pour aller à l’église, et durant le temps des fêtes.”⁵⁰²

Michaud’s research illustrates that individual expressions of compassion for the insolvent, who came to replace captives as recipients of testamentary bequests, transpired amidst the subsistence crisis of the early fourteenth century; from the 1320s onward, testators increasingly made provisions for the maintenance of prisoners in the city’s jail. Michaud concludes from these testamentary expressions that “tout se passe comme si la récession économique qui sévit alors dans la ville portuaire poussait la conscience d’un plus grand nombre de disposants à concevoir, au-delà du minimum vital, un certain confort material comme condition essentielle à la dignité humaine.”⁵⁰³ Institutionalization, in the late fourteenth century, of this compassion for individuals incarcerated in the “debtors’ prison” demonstrate that this mentality persisted in Marseille throughout the late Middle Ages.

Entries from the hospital accounts also reveal that the prison, at times, held crews from ships. In August 1449, the hospital took in wounded oarsmen from the Red Galley (*Galea Rubea*) and from a captured Catalan ship.⁵⁰⁴ It seems the ships were burned, as many of the

⁵⁰¹ Smail, *The Consumption of Justice: emotions, publicity, and legal culture in Marseille, 1264-1423* (Ithaca: Cornell University Press, 2003), 176.

⁵⁰² Pernoud, *Statuts municipaux*, xxxiv; see Book II, chapter. I of the statutes.

⁵⁰³ Michaud, “Le pauvre transformé,” 275-276.

⁵⁰⁴ 504 1 HD E 43, f. 81r: *Et primo pro sedecim infirmis inter galeotes de galea rubea e de nave capta de cathelanis quorum nonia sunt ista videlicet Julianus Arban de Nicia, Gerardus de Seyna... f. 113r: die veneris scilicet 22 augusti pro incarceratis duodecim que erant ibi galeotte in maiori parte expend. In piscibus...gr.i p. ii*

oarsmen suffered serious burns.⁵⁰⁵ From 22 August to 28 November (at least), crew members of an unnamed galley appear amongst those incarcerated in the lower prison, where they were being held at the request of the owner (*patronus*) of the Red Galley. Given the ambiguity of term *galea* within the context of the prisoners, however, it is impossible to reconstruct with certainty the reason for their incarceration.

The hospital's provisions for prisoners, like their provisions for the poor, underscores the ritualized nature of its care outside the hospital walls. The timing and nature of such provisions were patterned on expressions of piety in the city. Within the hospital walls, however, caregiving transpired at a more individual level.

4.2.3 The Sick

According to Annie Saunier, Vincent de Beauvais, in his *Speculum morale*, insisted on the importance of visiting the sick, lauding it as the most useful of the acts of mercy because illness is the greatest of miseries.⁵⁰⁶ The Hospital of Saint-Esprit in Marseille, like Vincent de Beauvais, appears to have prioritized care for the sick. Entries detailing the expense of their care shed light on their origins, numbers, and afflictions.

By 1408, individual names replace references to the collective sick. By 1417, scribes consistently noted the admission of individuals to the hospital, despite that the fact that no cost was attached to this process.⁵⁰⁷ I have identified 439 individuals who received care at the

f. 113v: *die veneris scilicet quarta septembris pro xi incarceratis que quinque erant in carcere inferiori ubi erant ad petitionem patroni galeo rubeo et in alia carcere erant sex pro quibus emi de piscibus pro faciendo eis prandium et refectiois...gr. i p. ii*

f. 114r: *die veneris scilicet vi novembris pro xvi incarceratis que sex erant ad petitionem patroni galea et in alia carcere inferiori erant decem pro quibus emi de piscibus...gr. i p. ii/...die veneris scilicet xxviii novembris pro xii incarceratis que sex erant de galea alii erant de villa...gr.*

⁵⁰⁵ The nature of their injuries and the care that they received will be expounded below.

⁵⁰⁶ Saunier, *Le pauvre malade*, 23.

⁵⁰⁷ According to Brodman, in late medieval Catalonia, hospitallers were not required to maintain admission records, although, by the mid-fifteenth century, the infirmarian of the Hospital of Santa Creu was required to interview patients upon their admission, *Charity and Welfare*, 67-71.

hospital, though the details provided for each vary significantly. Sick, wounded, and otherwise debilitated individuals appear to have been “brought” to the hospital; scribes used the linguistic construction *fon aportar* to describe their arrival. An entry from 22 September 1416, for example, reads “Item. The said day, they brought two Spaniards, sick with dysentery and fever.”⁵⁰⁸ Although a register from 1408 notes the employment of a porter Saint-Esprit,⁵⁰⁹ there is no indication that he was responsible for evaluating patients’ conditions before granting admission, a role performed by a senior nursing sister in institutions like the Hôtel-Dieu in Paris,⁵¹⁰ the Savoy, and the Heilig Geist Spital in Nuremburg.⁵¹¹

Both because of its hospitable roots as a space for pilgrims and because of the fluid borders of the city’s port, the Hospital of Saint-Esprit took in sick originating from diverse regions of Western Christendom. Many, undoubtedly, were inhabitants of Marseille who lacked either the social support or financial means to receive care in their own homes. As scribes never explicitly identified individuals as inhabitants of the city, however, it is impossible to calculate which proportion of patients were locals.⁵¹² Although scribes recorded the origins of the sick as

⁵⁰⁸ 1 HD E 30, f.25v: *Item. lo jorn dich foron aporton ii spanhols malautz de ce[n]teri e de februm.* Hospital statutes from Northern France employ a similar linguistic construction when outlining the process of reception; in the statutes of the hotel-Dieu of Pointoise, for example, Chapter 11, on “Comment les hostes et les malades sont à recevoir,” describes how the sick :soit porté au lict.” Le Grand, *Les statuts d’hôtels-Dieu*, 137.

⁵⁰⁹ The entry states that they employed Bertolmieu Miquel *per guardar las portas* (1 HD E 26, f.89v)

⁵¹⁰ Saunier, “*Le pauvre malade*,” 59.

⁵¹¹ Rawcliffe, “Hospital Nurses and their Work,” in *Daily Life in the Late Middle Ages*, ed. Richard Britnell (Stroud: Sutton, 1998), 50-51.

⁵¹² Sometimes, scribes identified by name employers for whom a sick person worked. This is particularly true in cases of servants (examples include 1 HD E 26, f. 52r, 1408: ...*la filha de bona carriera que avia rota la cambra*; 1 HD E 30, f. 31r: ...*l’esclava de maystre nicholau lo barbier que avia rot lo bras*; 1 HD E 31, f. 36v: ...*i alamant que servizi las filhetas de la bona carriera, malaut de febrem*; 1 HD E 31, f. 44v: ...*la serventa de dona marga pitona nonella malauta e contracha*; *ibid.*, ...*mori Catarina, serventa de maystre Peyre Masselha*; 1 HD E 39, f. 98r: ...*mori ia que sapellana Johana laqual fon serventa de sen Breugon Vivaut*), though the case of a tailor can also be counted amongst these examples (1 HD E 31, f. 32r: ...*Breton, sartre de la botiga de maystre Mahnet malaut*). The identification by name of employers suggests a certain familiarity that may suggest that these employers were local, though it is impossible to know for certain. Aside from identification of employers, the only other details that hint at localness are sites of injury; an entry on 1 HD E 40 f. 84r notes that ...*i home que si cremer en l’ostal de Bertran del Maselh* and one in 1 HD E 34, f. 80r notes that a man died from falling from a wall during the “destruction” of the city in 1423 (attack by the Aragonese) (...*mori maystre johan peyrier que tombat de i paret*).

early as 1365,⁵¹³ they did so more consistently from 1416 onward. Places of origin are noted clearly for approximately 20 per cent (93/449) of the patients, though this figure excludes cases in which it is unclear whether city/ country names connote places of origin or simply toponymic last names. It also does not reflect the fact that ships originating from a single location might contain individuals of diverse origins. In 1449, for example, two ships that arrived in Marseille – one from Catalonia, one, the aforementioned Red Galley, from an unknown location – contained crew members from Paris, Dauphiné, Burgundy, Majorca, Monte Coppolo, Spain, Florence, Italy, and Tortosa. As Table 4.1 illustrates, individuals originated most commonly from regions in modern day France, Italy, Spain, and Germany.⁵¹⁴ Such a diverse patient population suggests that the hospital operated as a multilingual space and required staff to communicate with individuals who spoke a language different than their own. Historians like John Wansbrough and Karla Mallette have established the existence of a *lingua franca* in the pre-modern Mediterranean that developed through cross-cultural transactions. According to Mallette,

Despite the sporadic nature of the historical record, it seems obvious that some form of linguistic accommodation must be made to facilitate trade in the pre-modern Mediterranean. The *lingua franca* responds in a general way to this exigency, and more specifically to the historical conditions of trade and travel in the Mediterranean between roughly 1000 and 1700 CE. In brief, the *lingua franca* is a necessary condition for Mediterranean commerce, and Mediterranean connectivity in general...⁵¹⁵

It is reasonable to assume that staff at Saint-Esprit relied on a kind of pidgin *lingua franca* that permitted them to communicate – at least, on a basic level – with foreigners seeking care inside the walls of the hospital.

⁵¹³ 1 HD E 15, f. 54v notes an individual of German origin.

⁵¹⁴ As scribes only inconsistently noted this detail, it is impossible to determine if the hospital catered more toward sick from the city or from other regions.

⁵¹⁵ Mallette, “Lingua Franca,” in *A Companion to Mediterranean History*, eds. Peregrine Horden and Sharon Kinoshita (West Sussex : John Wiley & Sons, 2014), 330-344. See, also, John Wansbrough, *Lingua Franca in the Mediterranean* (Surrey: Curzon Press, 1996).

Table 4.1: Places of origin

City or country of origin	Number of inmates
Antibes	1
Aubagne	1
Auvergne	2
Brittany	1
Burgundy	1
Catalonia	13
Cologne	1
Dauphiné	5
Flanders	3
Florence	7
France	8
Geneva	1
Genoa	7
Germany	10
Grasse	1
Italy	1
Languedoc	1
Lausanne	1
Lombardy	2
Majorca	1
Naples	3
Narbonne	1 ⁵¹⁶
Nice	1
Normandy	1
Paris	1
Piedmont	1
Res	1
Riparia Jaune ⁵¹⁷	1
Rome	1
Sicily	1
Signac	1
Spain	11
Venice	1
Vielle Montagne	1

The number of sick accommodated at Saint-Esprit at any given time is difficult to

⁵¹⁶ In one entry from 1430 (1 HD E 37, f.44r), the scribe notes provisions for multiple sick individuals from Narbonne (*los malautz de Narbonna*). As he did not specify the number, however, this reference was not included in the table.

⁵¹⁷ Likely, a reference to the Dora Riparia River in Italy.

reconstruct.⁵¹⁸ Inventories from the mid-fourteenth century attest to the capacity of the men's and women's hospitals. In 1350, the men's hospital contained sixty-three wooden beds with straw mattresses and the women's hospital contained twenty-seven;⁵¹⁹ in 1357, they contained sixty-four and twenty-six, respectively;⁵²⁰ in 1363, sixty-one and eighteen, respectively;⁵²¹ in 1364, sixty-one and seventeen, respectively;⁵²² in 1365, sixty and seventeen, respectively;⁵²³ and, in 1367, the men's hospital contained forty-one "complete beds" (*lies conplis*) and ten "incomplete beds" (*lies inconplis*), and the women's hospital contained eleven "complete beds" and 5 "incomplete beds."⁵²⁴ All of these inventories date from the period after the foundation of the Hospital of Saint-Jacques-de-Galice in 1344,⁵²⁵ which specialized in the care of sick women, and which accounts for the discrepancies in numbers of men's and women's beds at the hospital of Saint-Esprit. Fabre concludes that "il est vraisemblable que quelque temps après la foundation du nouvel hôpital, celui du Saint-Esprit ne reçut plus les femmes par la raison qu'une oeuvre spéciale leur était destiné...",⁵²⁶ a conclusion which the archival inventory for the Hospital of Saint-Jacques-de-Galice perpetuates, noting that "il est vraisemblable qu'à partir de cette fondation, l'hôpital du Saint-Esprit cessa de recevoir les femmes, puisqu'un établissement spécial leur était réservé."⁵²⁷ Men do account for the majority of patients who received care at

⁵¹⁸ Fabre addresses this question in *Histoire des hôpitaux*, vol. 1, 118-119, but provides figures only for the end of the fifteenth century onward.

⁵¹⁹ 1 HD E 11, f. 122v-123r.

⁵²⁰ 1 HD E 12, f.

⁵²¹ 1 HD E 13, f. 3r-3v.

⁵²² 1 HD E 14, f. 4r-4v.

⁵²³ 1 HD E 15, unfoliated.

⁵²⁴ 1 HD E 16, unfoliated. Of the forty-two complete beds in the men's hospital, fifteen were furnished with straw mattresses (*basquas*), cushions (*cousins*), sheets (*flasadas*), and covers (*cubertos*), and twenty-six with mattresses (*matalas*), sheets, and covers; in the women's hospital, the complete beds were furnished with mattresses, straw mattresses, cushions, and covers (*cubertos ho de vanoas pesas*).

⁵²⁵ Fabre, *Histoire des hôpitaux*, vol. 1, 124-125.

⁵²⁶ Fabre, *Histoire des hôpitaux*, vol. 1, 126.

⁵²⁷ *Inventaire sommaire and supplément. 4 HD. Hôpital de Saint-Jacques-de-Galice. Fondé aux XIVe siècle. 1261-1680. Inventaire sommaire*, F. André, 1872; *supplément: répertoire numérique*, Villard/ Baratier, 1949-1950.

the Hospital of Saint-Esprit after this period. Yet both persistent references in the inventories to the *espital de las femenas/ donas* and the appearance of sick women in the Hospital of Saint-Esprit's accounts illustrate that women continued to be received at the Hospital of Saint-Esprit throughout the fifteenth century, both with husbands and alone. On 10 June 1418, for example, the hospital admitted a sick German woman with a nursing child,⁵²⁸ and, on 18 March 1444, Dalfina Couba, a sick, pregnant woman was received.⁵²⁹

Total bed counts ranging from seventy-one to ninety establish the Hospital of Saint-Esprit, in the fourteenth century, as a relatively large institution compared with hospitals located elsewhere in this period. Its maximum capacity exceeded the notably large capacity of fifty-six at the Hospital of Saint-Raymond in thirteenth-century Toulouse,⁵³⁰ and paralleled that of the Hospital del Rey in Burgos, which counted eighty-seven beds.⁵³¹ The entire city of Valencia, however, could accommodate only thirty-five to eighty people between its ten hospitals,⁵³² and, at the Hospital of St. Giles in Norwich, thirty beds were to be made available to the sick and infirm.⁵³³ But if the Hospital of Saint-Esprit's capacity exceeded that of average medieval hospitals, it paled in comparison with that of the largest hospitals in Paris and Florence. The Hôtel-Dieu in Paris contained 276 beds, each of which could accommodate three people,⁵³⁴ and, in Florence, the Hospital of Santa Maria Nuova in Florence counted 230 beds, while the Innocenti could accommodate up to 700.⁵³⁵

Bed counts, however, reveal only the hospital's *potential* capacity, not actual patient

⁵²⁸ 1 HD E 31, f. 31v: ...*i femena alamanha malauta ambe i e[n]fant q[ue] alachana*

⁵²⁹ 1 HD E 41, f. 30v: *Item. lo dich jort ven i malaut apelat johan carlo alamant e i malauta apelada dalfina couba la cal era grossa d'enfant...*

⁵³⁰ John H. Mundy, "Charity and Social Work in Toulouse, 1100-1250," *Traditio* 22 (1966): 253.

⁵³¹ Brodman, *Charity and Welfare: Hospitals and the Poor in Medieval Catalonia*, 62.

⁵³² *Ibid.*

⁵³³ Rawcliffe, *Medicine for the Soul*, 26.

⁵³⁴ Geremek, *Margins of Society*, 175.

⁵³⁵ Henderson, *Piety and Charity in Late Medieval Florence*, 375-377.

counts. A 1408 register recorded *in breviatura* begins with a note that there were two sick in the women's hospital, one of whom died, and three in the men's hospital.⁵³⁶ This figure, however, represents only a single day, and its explicitness is unparalleled until the 1450s. Outside of this reference, fifteenth-century registers contain hints at numbers treated. Although the inconsistency with which administrators noted both the arrival and departure of patients makes it difficult to reconstruct with certainty the average number treated, fifteenth-century arrival and departure dates allow tentative calculations of patient counts for the years 1449-1450. These figures reveal a significant discrepancy between the hospital's potential capacity in the mid-fourteenth century and the number of patients actually treated in fifteenth century.

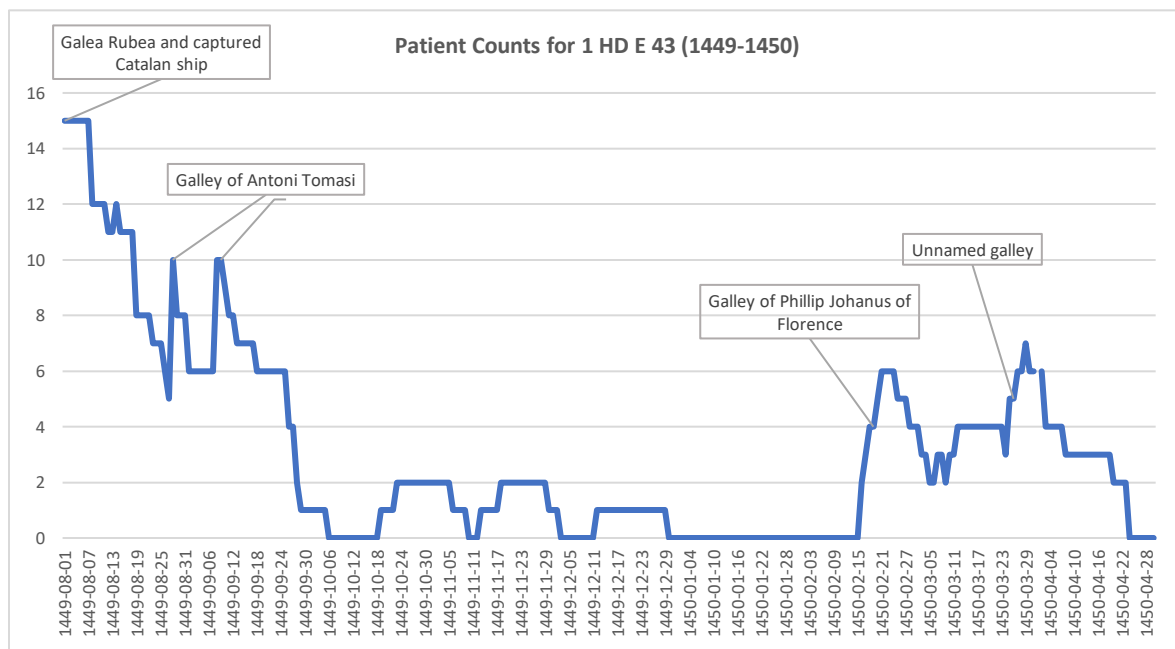


Figure 4.1: Patient Counts for 1449-1450

Figure 4.1 illustrates daily patient counts from August 1449 to April 1450, which have been calculated from arrival, departure, and death dates. The number of patients accommodated ranges from sixteen in August to zero in January, when there is no mention of patients receiving

⁵³⁶ 1 HD E 27, unfoliated: *Item. a en l'espital de las femenas ii femenas malaus/ Item. en l'espital dels homes a iii homes/ Item. en l'espital de las femenas es mori i femena.*

care. Figure 2 excludes fifteen individuals who received care at the hospital, but for whom either an arrival or departure date is missing. Including these fifteen individuals, Saint-Esprit treated sixty-six different patients over the course of 273 days, with an average of 3.13 patients per day. These generalized figures are, in many ways, misleading. As Figure 4.1 illustrates, patient counts could increase rapidly and significantly over the course of only a day, and these peaks in patient counts – uncharacteristic, though they may be – reveal more about the institution than averages or totals.

Peaks in patient counts, generally, correspond with the arrival to the city of galleys bearing sick and injured oarsmen (see Appendix B). This particular register year witnessed the arrival of patients from five different galleys. On 1 August, sixteen oarsmen from the *Galea Rubea* and a captured Catalan ship were admitted to the hospital. It seems that the hospital caregivers were unaccustomed to such high numbers of patients and required additional support; a record of employment from this year notes that they hired Anfrione de Florentia to serve the hospital “when there was great need in the said hospital because there were, at times during his time there, sixteen sick in our hospital.”⁵³⁷ Marginal notations of total monthly costs reveal that August was the most costly month:

Aost fl. 18 gr. 11 q. 1
Septembre tot fl. 5 gr. 3 q. 0
Octobre tot fl. 1 gr. 10 q. 0
Novembre tot fl. 5 gr. 0 q. 2
Decembre tot fl. 4 gr. 6 q. 1
Jenoyier tot fl. 2 gr. 0
Febrier tot fl. 5 gr. 8 q. 2
Mars tot fl. 6 gr. 11 q. 2
*Tot April fl. 7 gr. 5 q. 0*⁵³⁸

⁵³⁷ 1 HD E 43, f. 133r: *Anfrione de Florentia recessit a nobis die prima septembre qui serviverat hospitali et nobis duos menses cum dimidio quando erat maior necessitas in dicto hospital quia erant tunc tempore suo aliquando xvi infirmi in nostro hospital et bene omnibus servivit unde solvi sibi quande recessit duos florenos cum dividio et fuit bene contentus de suo salario...fl. ii gr. vi.*

⁵³⁸ Marginal notations from f. 81r – 91r.

Costs in this month were more than triple those of the following month and anywhere from twice to seventeen times greater than any subsequent month. The pressures of a high patient count were compounded by sickness amongst the hospital staff. Andreas Jacobi noted that, on 11 August, he was able to purchased only three and a half pounds of meat, as he was sick with great fever and unable to purchase much;⁵³⁹ two weeks, later, he noted that a servant of the house, Truellinus of Aix, was suffering fever and sickness of the stomach;⁵⁴⁰ and, on 1 September, noted that *dona Francischa* “came to serve me because my sister was sick.”⁵⁴¹

Just as the patient count was beginning to decline, between 28 August and 8 September, eight sick oarsmen arrived from the galley of Antoni Tomasi. It appears that the influx of oarsmen earlier in the month, however, had taken a financial toll on the hospital, and administrators were forced to turn to the women of the city for support. An entry from 28 August notes that “certain women of this city” assumed the care of five oarsmen brought to the hospital from the galley of Antoni Tomasi; ⁵⁴² when three more arrived on 8 September, they, too, were placed in care of these women, who assumed the living expenses of the hospital.⁵⁴³

⁵³⁹ 1 HD E 43, f. 49v: *die lunes xi augustus p[er] carnibus librum tribi cum dimid[io] quia ista die ego infirmatus fui cu[m] maxi[m]a febre e ideo no[n] oportuit emi ta[n]tas carnes*

⁵⁴⁰ 1 HD E 43, f. 50r: *...truellinus famulus domus est i[n]firmus de febre et malo ventris...*

⁵⁴¹ 1 HD E 43, f. 50v. *Die dominico scilicet prima septembris pro quatuor personas videlicet p[etrus] truellino d'ayxi, dona francisca qui venit ad serviendum michi quia soror mea infirmata erat et dona Johana que servebat infirmas de hospitale et infantale pro dictis omnibus expendi in carnibus pro prandio et cena quia dicta die recessit jacominus superdiscus...p. vi. 133r contains record of her payment: Dona francisca de vinione que servivit michi in mea infirmitate quia soror mea adhuc illo tunc fuit infirma et dicta servivit m[ihi] pro unum mensum cui solvi pro salario unum florenum et grossos quatuor...fl. i gr. iiii. The register provides no indication of what role the hospital's administrator served, and why her sickness affected him; perhaps, she assisted him personally and professionally.*

⁵⁴² 1 HD E 43, f. 84r: *Nota que dicta die cenerant ymo fuerunt portati ad nostrum hospitale quibusque galeotte de galea Antoni thomasi de quibus curam acceperunt alique mulieres de villa ista et gubernabant illos et expendebant de suo proprio e de aliis per villam mendicabant ab aliis mulieribus et ideo non pona [1 word illeg.] ulterius expensas illorum [1 word illeg.] no[n]ia sunt ista videlicet johanes munier, johanes Jacobi, Battista corsus, Matheus corsus, franciscus de vinetiis*

⁵⁴³ The scribe notes that, despite this, he still spent 2 gr. 4 q. on one pound of oil and two pounds of wax candles: *Nota que die octa septembr[um] fuer[un] portati ad nostrum hospitale quatuor galeotte de galea Antoni tomasi sen. Petrus sparti de dalfintatu et Antonius Johanus de Riparia Jaune Matheus Antonii et frater suus de finale qui*

These women – the wife of Johan Forbin and several others – governed (*gubernabant*) the sick in their care, provided for them materially from their own resources, and, with other women, begged throughout the city for support from others. On 19 September, Andreas Jacobi reiterated that several of the women divided with him the care of the five sick who remained in the hospital, and recorded that “nothing was purchased on this day, as all was done by the women.”⁵⁴⁴ On 20 September, they went begging for the means to clothe the men in their care.⁵⁴⁵ After this entry, they disappear from the records.

Their presence for this one month, however, is significant. It confirms the philanthropic activities of elite women in the city at which their distributions in the years 1397-1399 of alms to poor women on behalf of the hospital hint. It also sheds light on women’s caregiving activities in this period.⁵⁴⁶ Montserrat Cabré’s work on the gendering of caregiving in late medieval Iberia has illustrated the obscuring – both historical and historiographical – of medieval female medical practitioners. Historians often seek to identify medical practitioners through prosopographical studies that rely on analyses of occupational-based labels;⁵⁴⁷ as Green has demonstrated, however, women were excluded from the university education that increasingly became mandatory for medical licensing and, thus, unable to hold professional titles that would make

vocatus bart[olome]us om[n]es isti veneru[n]t i[n] custodia dictarum mulierum q[ue] aufereba[n]t expensas dicto [sic] hospitali de victu tamen un[de] expend[e] in oleo et in candelis de sepo librum duabis et de oleo librum i...gr. ii q. iiiii (1 HD E 43, f. 88v)

⁵⁴⁴ 1 HD E 43, f. 89r: *die veneris s[cilicet] xix septembr[um] dona [blank] uxor johanis forbin cum aliis pluribus mulieribus predictis diviserunt michi curam de qui[n]que infirmis que remanserunt in hospitale v[idelicet] johanes munier et johanes Jacobi de [blank] et battista corsus et Matheus corsus de brando et dictus marchus de vinetiis pro quibus nichil emi ista die quia totum fecerunt illemet mulieres.*

⁵⁴⁵ 1 HD E 43, f. 89r: *Item. emi pro aliis tribus qui erant quasi liberati [1 word illeg.] patiebantur in cruris et non erant ad huc indicti quia ille mulieres ibant mendicando pro induendo ipsos...*

⁵⁴⁶ Deborah Harkness examines the medical roles that women filled outside of official medical professions in Elizabethan London in “A View from the Streets: Women and Medical Work in Elizabeth London,” *Bulletin of the History of Medicine* 82.1 (2008): 52-85.

⁵⁴⁷ See, for example, Ernest Wickersheimer, *Dictionnaire biographique des médecins en France au moyen âge* (Paris: E. Droz, 1936) and Danielle Jacquart’s *Supplément* to it, *Le milieu médical en France du XIIe au XVe siècle* (Geneva : Librairie Droz, 1981).

them easily identifiable as medical practitioners.⁵⁴⁸ Cabré's analysis of the semantic domain of women's domestic titles reveals, however, that caregiving and healing were integral aspects of women's domestic roles.⁵⁴⁹ She concludes that "any attempt to describe fully the medieval health-care system and what women contributed to it should consider that women's health actions form a continuum that runs from the ordinary to the occupational, from gratuitous therapeutic attention to paid acts of health care."⁵⁵⁰ The hospital's call on the women of the community – rather than on the men who monopolized the medical marketplace – for assistance illustrates the gendered ideologies that conflated "caring" and "curing" in medieval society, and allows for a reconstruction of some of the contributions that women made to healthcare in the Middle Ages.

The financial impact that the arrival of these galleys had on the hospital suggests that, by the mid-fifteenth century, the Hospital of Saint-Esprit was equipped (at least, financially) to care for fewer than sixteen sick at one time, a number significantly lower than the bed counts of the mid-fourteenth century. It also illustrates the extent to which the rhythm of port life shaped the nature of need in Marseille. The sea was dangerous.⁵⁵¹ Constant threat from weather, warfare, and piracy plagued the Mediterranean, and living conditions on ships allowed sickness and

⁵⁴⁸ Monica Green, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-modern Gynecology* (Oxford: Oxford University Press, 2008).

⁵⁴⁹ Montserrat Cabré, "Women or healers? Household practices and the categories of health care in late medieval Iberia," *Bulletin of the History of Medicine* 82 (2008): 18-51.

⁵⁵⁰ Cabré, "Women or healers?," 23-24.

⁵⁵¹ The Christianisation of ship names in the fourteenth century evinces the perceived dangers of the sea. According to Geneviève and Henri Bresc, between 1300 and 1460, all identifiable ships in Provence bore religious names; in naming a vessel after a religious figure, ship owners invoked the patronage of that individual. Owners, perhaps surprisingly, did not demonstrate particular favour for saints traditionally associated with the sea, like Saint Nicholas, and, despite the masculinization of names throughout the thirteenth and fourteenth centuries, tended overwhelmingly, in the fifteenth century, to invoke the protection of the Virgin Mary. "Les saints protecteurs des bateaux, 1200-1460." *Ethnologie française*, nouvelle série, 9.2 (1979): 161-178.

disease to spread rapidly amongst crews.⁵⁵² There was a social dimension, as well, to this riskiness. The sea marginalized those sailing it, dislocating them from their communities and social networks. As Le Blévec has argued, “voyager est entreprise périlleuse. Privé des protections naturelles qu’apportent la famille, la communauté villageoise ou paroissiale, l’autorité seigneuriale ou municipale, celui qui part vers un pays lointain [...] deviant un ‘pauvre’: la *paupertas* englobe aussi bien la notion de faiblesse que celle de dénuement.”⁵⁵³ In the port city of Marseille, the Hospital of Saint-Esprit thus fulfilled a vital function for the poor of the sea.⁵⁵⁴ In the six months that followed the arrival of the sick and injured from the *Galea Rubea*, the captured Catalan ship, and the galley of Antoni Tomasi, the hospital took in nine sick oarsmen from the galley of Phillip Johanes of Florence and an unnamed galley. In 1408, it took in twenty-four sick from the galley of Antoni Mentier.⁵⁵⁵ Between 1408 and 1458, sick and injured individuals from a total of fourteen different galleys received care at Saint-Esprit.⁵⁵⁶ According to Barthélemy’s study of physicians in medieval Marseille, the “city physician” was required to go aboard ships to assess the nature of an illness afflicting a crew; this responsibility played an integral role in the maintenance of health in the city, as the physician’s assessment was indispensable in granting or denying admission to a ship suspected of contagion.⁵⁵⁷

⁵⁵² Maritime codes sometimes regulated situations of sickness aboard ships; the Laws of Oléron (article 7), for example, stipulated that “a sick mariner should be put ashore with a food allowance and a ship’s boy and nurse hired to care for him. If, however, a mariner became injured while drunk or fighting, he could be left ashore with nothing (article 6),” Maryanne Kowaleski, “Sources for medieval maritime history,” in *Understanding Medieval Primary Sources: Using Historical Sources to Discover Medieval Europe*, ed. Joel T. Rosenthal (New York: Routledge, 2012), 150.

⁵⁵³ Le Blévec, *La part du pauvre*, I, 305.

⁵⁵⁴ In other cities, hospitals were founded that specialized in care for sailors. See Mollat, *The Poor in the Middle Ages*, 287.

⁵⁵⁵ 1 HD E 26, unfoliated. The hospital’s admission of twenty-four individuals in this year is further evidence that the hospital was operating at a reduced capacity by the mid-fifteenth century.

⁵⁵⁶ In addition to the five from 1449-1450, discussed above, and the galley of Antoni Mentier, there also appear references in 1416 to the galleys of *mossen* Chorrillas and *mossen* Raymon (Catalan), in 1419 to the galley of Morgue, in 1426 to a galley from Naples, in 1431 to a galley from Narbonne, and in 1444 to an unnamed galley.

⁵⁵⁷ Barthélemy, *Médecins à Marseille avant et pendant le moyen-âge* (Marseille: Typ. et Lith. Barlatier-Feissat Père et Fils, 1883), 15. It is unclear where Barthélemy found evidence of this.

Prosopographical analysis of patients at the Hospital of Saint-Esprit further illustrates the extent to which port life shaped the rhythm of caregiving in the hospital. Table 4.2 outlines the occupations and/ or social states of the individuals who sought the hospital's care. These figures are problematic, as scribes only occasionally recorded an individual's occupation or social status, and it is unlikely that a comparative analysis of the available data would accurately reflect actual representation. Still, these details shed light on the social status of the patients who sought care at the hospital. Of the 132 individuals whose occupations are noted, 61 per cent belonged to maritime occupations (fishing, rowing). Their prevalence is likely due to the tendency of scribes to note the arrival of patients from specific galleys, a practice which skews their representativeness in the records, but which also underscores the demands of port life. Outside of seafarers, the majority of patients were craftsmen, manual labourers, and other individuals of lower social status. Servants account for the second most represented occupation, with nine, followed by four each of cobblers and furriers.

Table 4.2: Occupation/ social statuses of patients

Profession	Number
<i>axio</i> in the royal court	1
Barber (<i>barbier, barbiera</i>) ⁵⁵⁸	2
Beggar (<i>ibat medicando</i>)	1
Blacksmith (<i>fabre</i>)	3
Chancellor and trumpeter (<i>cancellier e trompeta</i>)	1
Chaplain (<i>capellan</i>)	1
Cobbler (<i>Sabatier</i>)	4
Distaff maker (<i>que facia las filoas</i>)	1
Fisherman (<i>pescador</i>)	1
French <i>lossier</i>	1
Furrier (<i>pelissier</i>)	4
Hermit (<i>ermidan</i>)	1
Mariner (<i>marinier</i>)	3
Milliner (<i>capellier</i>)	1
Oarsmen (<i>galeotte, de galea</i>)	78

⁵⁵⁸ One of the barbers, who received care in 1363 (1 HD E 13, f. 63v), was female. She is referred to as *la barbiera*.

Paver (<i>paveur</i>)	1
Pilgrim (<i>romieu</i>)	3
Potter (<i>potier</i>)	1
Priest (<i>clericus</i>)	2
Prostitute (<i>femena falhida</i>)	1
Quarryworker (<i>peyrier</i>)	1
<i>que fa las emages en papier</i>	1
Ropemaker (<i>cordelier</i>)	1
Schoolmaster (<i>maystre d'escolas</i>)	1
Servant (<i>serventa</i>)	9
Shepherd (<i>pastor; pastre</i>)	3
Slave (<i>esclava</i>)	1
Student (<i>escollier</i>)	1
Surgeon (<i>surgian</i>)	1
Tailor (<i>Sartre</i>)	2
Weaver (<i>tesauriar</i>)	1
Youth or apprentice (<i>jove</i>)	1

These individuals sought care at Saint-Esprit for a variety of afflictions. Between 1363 and 1458, scribes noted for 113 individuals the illness or injury for which they were admitted. As Table 4.3 illustrates, with few exceptions, the majority of patients suffered acute afflictions.⁵⁵⁹ In 45 per cent of the cases (51/113), the individual is described as suffering from non-descript fever; of these cases, three were accompanied by “frenzy” (*frenatica*). In addition to cases in which fever was noted as the sole affliction, it accompanied an illness in nine cases. Medieval medicine classified fevers by their periodicity (continuous, quotidian, biduan, tertian) and by the matter affected (ephemeral, putrid, and hectic);⁵⁶⁰ caregivers at the Hospital of Saint-Esprit, however, provided no indication of the nature of the fevers being treated. In one entry from 1449, it is noted that Loppe dalla Pruna came to the hospital suffering a fever, and that he was afflicted (*vexbatur*), first, by chills, then, by hot flashes, details which contribute little

⁵⁵⁹ Occasional references to long-term illnesses suggest that not all cases were acute. An entry from 1418, for example, notes that *lo jorn dich mori ia femena que avia lonc temps stat m[a]lauta hac i lansol per son cebelir*. Such entries, however, are rare.

⁵⁶⁰ Wallis, *Medieval Medicine: A Reader*, 546.

clarification on the nature of the illness. Outside of fevers, dysentery accounts for the second most common illness treated at the hospital, with eight individuals suffering from either dysentery, dysentery with blood (*dissenterio cum sanguine*), or dysentery and fever. Individuals might also seek care for dropsy – referred to as the “sickness of Saint-Eutrope” (*malaut de sant estropi*)⁵⁶¹ –, sickness of the stomach, phthisis, and various injuries. Entries concerning the injured occasionally provide information on the cause of the injury. Maccinus de Pecto, an oarsman from Spain, for example, came to the hospital with “*quasi ruptured*” kidneys caused by being hit with a stone.⁵⁶² In 1423, amongst the dead whom the hospital buried appears Johan Peyrier, who fell from a wall.⁵⁶³ When Paschale Martelli from Flanders arrived “almost entirely broken and mangled” from a fall, the hospital staff laid him in bed and provided for his care.⁵⁶⁴ Others suffered from burns, fractured arms or legs, head injury, or immobilizing afflictions of the extremities. Although burns account for the greatest number of injuries, all but one of the seventeen men who suffered them arrived simultaneously from the *Galea Rubea* and the captured Catalan ship, discussed above; the exception, an unnamed man brought to the hospital in September 1435, burned in the house of Bertran de Maselh.⁵⁶⁵ Unlike the hospitals of Northern France, there is no indication as to whether Saint-Esprit treated plague victims during periods of epidemic.⁵⁶⁶

⁵⁶¹ Hôpital Saint-Eutrope was founded in Marseille sometime before 1477 by the Trinitarians, who, according to Fabre, “soignèrent, dans leur hôpital, les indigents atteints d’hydropisie, celui du Saint-Esprit ne voulant pas les recevoir, parce que l’on croyait alors que cette maladie était contagieuse.” *Histoire des hôpitaux et des institutions de bienfaisance de Marseille*, v. 2, 78.

⁵⁶² 1 HD E 43, f. 87r: *dicta die venit ad nostrum hospitale maccinus de porto galletto di ispania quasi ruptis renibus quia percussis fuit cum lapide...*

⁵⁶³ 1 HD E 34, f. 80r: *Item. dinons a vi de may mori maystre johan peyrier q[ue] to[m]bat de i paret hac i flassada de pant de valor p[er] son cebelir.*

⁵⁶⁴ 1 HD E 43, f. 93r: *dicta die venit ad nostrum hospitale... paschale martelli de flandria qui ceciderat et quasi totus factus et laniatus posuimus eum in lecto...*

⁵⁶⁵ 1 HD E 40, f. 84r: *Item a x[blank] de de [sic] setembre fon portat a l’espital i home que si cremer en l’ostal de bertran de maselh...lansol...i*

⁵⁶⁶ On Northern France, see Saunier, “*Le pauvre malade*,” 70-47. Accounts survive for the year 1348, but provide no mention of the plague.

Table 4.3: Frequency of afflictions

English	Provençal/ Latin	Frequency
?	<i>malaut de etica</i>	1
Arm, fractured	<i>rot lo bras</i>	1
Arm, injured	<i>bras naffrat</i>	1
Broken and mangled	<i>quasi totus fractus et laniatus</i>	1
Burned	<i>crematus</i>	17
Crippled and sick	<i>malauta e contracha</i>	1
Dropsy	<i>mal/ malaut de sant estropi</i>	2
Dropsy and fever	<i>februm e ydropica</i>	1
Dysentery	<i>centeri, senetere</i>	3
Dysentery and fever	<i>malaut de centeri e de februm/ februm e centuria</i>	4
Dysentery with blood and fever	<i>cum febre et cum dissenterio cum sanguine</i>	1
Fever	<i>februm, febre</i>	37
Fever with frenzy	<i>februm an frenatica</i>	3
Fever, chills, hot flashes	<i>cum duabi febris et fortiter vexbatur afrigore et postea acalore</i>	1
Fever, great	<i>gran febre, maxima febre, infirmus graviter de febre, fortiter gravatus de febre, fortiter febricitantes, magna febre, febre magna</i>	17
Fever, great, and almost dead	<i>fortiter febricitantes et quasi defecerat</i>	1
Fever, great, and greatly weakened	<i>magna febre et debilitater nimis</i>	1
Fevers	<i>febres</i>	1
Foot, abscessed	<i>malaut en lo piet de i postemat</i>	1
Foot, sickness of, and inability to walk	<i>infirmatate de pedum infirmatorum e non potest ambulare</i>	1
Foot/ feet, sickness of	<i>mal de pietz/ malaut en i pe</i>	3
Frenzy	<i>frenatica</i>	1
Head injury ⁵⁶⁷	<i>naffrat en la testa</i>	2
Kidneys, ruptured	<i>ruptis renibus</i>	1
Leg, fractured	<i>cambra rota, rota la cuiesxa</i>	3
Leg, sickness of	<i>malaut de cambia</i>	1
Old age	<i>senex</i>	1
Old age and <i>deponderatus</i>	<i>senex et dispo[n]deratus</i>	1
Phthisis and fever	<i>februm e tesic</i>	2
Pregnant and sick ⁵⁶⁸	<i>malauta, grossa d'enfant</i>	1

⁵⁶⁷ One of these cases is inferred from a note that eggs were purchased *per adobar la testa*.

⁵⁶⁸ It is likely that this individual, Dalfina Couba, was received in 1444 because of her illness and not – perhaps, even despite – her pregnancy, as there is no other record of a pregnant woman seeking care at the Hospital of Saint-Esprit. After 1400, care for pregnant women likely fell within the jurisdiction of the Hospital of Saint-Jacques-de-Galice.

Stomach, sickness of	<i>malaut de stomac/ stomegue</i>	2
Stomach, sickness of, and fever	<i>febre e malo ventris/ malaut de februm e d'estomas</i>	1
Wounded	<i>vulneratus</i>	1

Very rarely, the hospital staff cared for individuals suffering from chronic afflictions. These cases are uncommon enough to enumerate. Twice, individuals were described as suffering from the burdens of old age. It seems it was extraordinary for individuals to be admitted for this reason alone, however, as, in one of the cases, the scribe noted that Johanes de Pariso, *senex*, was permitted to remain in the hospital because he believed him to be incurably infirm.⁵⁶⁹ In 1418, the servant of *dona* Marga Pitona was brought to the hospital, sick and crippled (*malauta e contracha*).⁵⁷⁰ And, amongst the list of the dead from 1434 appears *dona* Aicarda, who had been sick at the hospital for ten years (*avia malavegar en lo present espital x ans*).⁵⁷¹ In the case of Aicarda, however, it is unclear whether she initially arrived at the hospital as a patient or as a serving member of the hospital community. Generally, the hospital did not provide long-term, palliative care to the chronically ill.

Analysis of the arrival and departure dates allows for a partial reconstruction of the length of stay of 112 patients between 1416 and 1458. Excluding the case of 1434 case of *dona* Aicarda, whose exceptional ten-year stay at the hospital for an illness suggests a permanent arrangement more akin to a nursing home than a hospital, individuals remained in the hospital anywhere from one to one hundred eighty days, although 80.3 per cent stayed for thirty or fewer days.

Establishment of the Hospital of Saint-Esprit in Marseille as a space for care for the

⁵⁶⁹ 1 HD E 43, f. 86v: *Remansit johanes de pariso senex. Et illum pono ad expe[n]sam domi et familie quia infirmitas eius credo pro erit incurabiliter.*

⁵⁷⁰ 1 HD E 31, f. 44v.

⁵⁷¹ 1 HD E 39, f. 34v.

acutely sick, rather than a space of general hospitality for the poor and pilgrims or of palliative care for the chronically ill, conforms to institutional trends in Florence and Aragon, and contrasts markedly with those in England. In the mid-fourteenth century, the hospitals of San Paulo and Santa Maria Nuova in Florence “made a conscious decision to concentrate even more clearly on the sick poor,”⁵⁷² and received only the acutely, though not gravely, ill. Hospital foundations in fourteenth-century Aragon tended, similarly, to emphasize care of the sick or of a specific group of sick, a reflection of the increasing specialization of hospitals in this period.⁵⁷³ The Hospital of St. Giles in Norwich, in comparison, provided comfort and care for the chronically sick.⁵⁷⁴ Despite these institutional variations, however, the theory of medicine that underpinned the care that each hospital provided establishes parallels between them.

4.3 Provision of Care

Characterization of the care provided by medieval hospitals has attracted historiographical attention in recent years. Discussions on the “medicalization” of hospitals has featured prominently in the discourse. Many of these narratives situate caring and curing on a deterministic continuum, and clearly delineate between the spiritual environment of high medieval hospitals and the more physical focus of their late medieval counterparts. Such scholarship approaches the concept of “medicine” from a modern perspective, characterizing it as the care provided by medical professionals. More recently, scholars have problematized this narrative. According to Horden, “medicalization of this kind – medicalization in the literal sense of the arrival of *medici* – is presented, for the most part, as a development *ex nihilo*, on the

⁵⁷² John Henderson, *The Renaissance Hospital: Healing the Body and Healing the Soul* (London: Yale University Press, 2006), 26.

⁵⁷³ James Brodman, *Charity and Religion in Medieval Europe* (Washington, D.C.: Catholic University of America Press, 2009).

⁵⁷⁴ Carole Rawcliffe, *Medicine for the Soul: The life, death, and resurrection of an English medieval hospital, St. Giles's, Norwich, c. 1249-1550* (Stroud: Sutton, 1999).

assumption that nothing else preceding it was really medicine. Medicalization becomes, indeed, the leitmotif of an implicit teleological narrative – of the victory of cure over care, of doctors over nurses, and (again) of treatment over regimen.”⁵⁷⁵ Scholars like Rawcliffe, Henderson, and Horden challenge this concept of medicalization by approaching the subject from what Horden calls the “environmental view of hospital therapy.”⁵⁷⁶ This perspective considers hospital medicine within a traditionally medieval framework, which understands health and wellness as dependent as much on the non-naturals like environment and the accidents of the soul as on the active intervention of licensed healthcare practitioners. From this perspective, hospital medicine entails the total environment of the institution, both spiritual and physical.

Provisions for the sick at the Hospital of Saint-Esprit reveal the institutionalization of a medicine of the body and the soul. Care consisted of the three branches of therapy – diet, drugs, and surgery – and sustenance of the soul through confession, contemplation, administration of the sacraments, and mortuary ritual. The hospital environment that emerges from these provisions is one of curing through care and incorporation; it was a space which responded to the inextricably physical, spiritual, and social need of physical sickness and social dislocation.

4.3.1 Physical Care

Physical care at the Hospital of Saint-Esprit consisted of diet, drugs, and the direct intervention of medical practitioners. Of these three branches of therapy, dietary provisions feature most prominently in the expenditures. Costs for food appear in one of two chapters in the registers: in *las mesions de boca* – literally, the “expenditures of the mouth” – or in *la depensa facha per los malautes* – “the expenditure made for the sick.” Although expenditures under the latter were intended for the subsistence of the entire house, not just the sick (which makes it

⁵⁷⁵ Horden, “Religion as Medicine: Music in the Medieval Hospital,” in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler (York: York Medieval Press, 2001), 138.

⁵⁷⁶ Horden, “Religion as Medicine,” 139.

difficult to distinguish between foods purchased for subsistent and therapeutic purposes), scribes often noted items purchased for the sick, specifically, as well as for the healthy and sick, together.

The diet of the sick differed from the diet of the ordinary house, and, often, from patient to patient. A regular diet for the sick consisted of bread (*pan*), biscuits (*bescuech*), meat (*carn*), poultry (*polalha*), fish (*peys*) and shrimp (*jarretz*), eggs (*huous*), and produce. In *Ravitaillement et alimentation en Provence aux XIV^e et XV^e siècles*, Stouff has provided a quantitative analysis of dietary purchases for the sick for the register year 1409-1410. Bread constituted a significant portion of the diet; despite its comparatively low cost,⁵⁷⁷ it accounted for 30 per cent of the alimentary budget.⁵⁷⁸ In Marseille, as elsewhere in Provence at this time, there were three types of bread. According to Stouff, the whiteness of the flour used accounts for the diversity of breads,⁵⁷⁹ thus, their classifications: white bread (*pane albo*), medium bread (*pane mediano*), and whole bread (*pane cum toto*).⁵⁸⁰ The sick at Saint-Esprit were given only the more refined white bread (*pan blanc* or *pan de boca*).⁵⁸¹ Meat was consumed Saturday-Thursday, fish – sometimes accompanied by eggs – on Fridays and, in some years, on Wednesdays, instead of meat. While the ordinary table abstained from meat during Lent, the sick only sometimes did.⁵⁸² During Lent in 1409-1410, for example, the sick were given scorpionfish (*rascassas*) and shrimp instead of

⁵⁷⁷ In 1416-1417, the daily cost for bread was, generally, 8 d.; the daily cost for mutton ranged from 1 s. 8 d. to 2 s.

⁵⁷⁸ Louis Stouff, *Ravitaillement et alimentation en Provence au XIV^e et XV^e siècles* (Paris: Mouton & Co., 1970), 225.

⁵⁷⁹ Stouff, *Ravitaillement et alimentation en Provence au XIV^e et XV^e siècles*, 49.

⁵⁸⁰ These classifications appear under the chapter in the municipal statutes concerning the regulation of breads, Book VI, chapter 61, *Les statuts municipaux*, 233.

⁵⁸¹ Stouff, using the municipal statutes for Marseille, has compared the amount of each type of bread that 1 *émine* of wheat would yield. This amount of wheat would yield 83 lbs. 5 oz. of whole bread, 72 lbs. of medium bread, and 62 lbs. 11 oz. of white bread.

⁵⁸² 1 HD E 28

meat;⁵⁸³ in 1416-1417, however, they continued to consume meat throughout the forty days before Easter.⁵⁸⁴ Mutton (*monton*) and goat (*cabrit*) comprised the majority of the meat consumed; according to Stouff's calculations, in 1409-1410, the hospital purchased mutton on 210 days and goat on 110 days.⁵⁸⁵ Poultry like chicken (*pollas*), hens (*gallinas*), and, more rarely, pigeon (*pijion*) was also consumed, though less frequently. Fruits (*fruchas*) and vegetables (*ortolalha*) were more abundant in the late spring, summer, and early autumn, and might include spinach (*spinartz*),⁵⁸⁶ oranges (*arangelhs*), pears (*peras*), cherries (*agruatz*), prunes (*prunas*), squash (*cogorda*), apples (*pomas*), chickpeas (*cezes*), fresh beans (*fabas frach*), leeks (*porres*), and lettuce (*lachuguas*). Herbs, though rarely specified, were also purchased, as on 21 December, when *aliis erbas* were purchased for lunch and dinner.⁵⁸⁷ Diet could, also, be – and often was – individualized, with specific purchases made based on a patient's illness or current condition. Often, physicians advised the provision of poultry for individuals who were very sick, as in 1449, when a doctor (*medici*) ordered the purchase of a hen for *dona* Dominica because she was wasting away due to illness and old age,⁵⁸⁸ or when, in that same year, they purchased four pounds of meat for those who were not suffering greatly from fever (*illis qui non erant gravati de febre*) and gave to the others chicken remaining from the day before.⁵⁸⁹ In 1408, a tuna tail (*i coa de ton*) was purchased for a certain Marguarida.⁵⁹⁰ And, as noted at the beginning of this chapter, in 1431, Paul Bonfilh, who was suffering from dropsy, was given

⁵⁸³ These two items are described as for the sick specifically, while simple *peys* appears to have been purchased for the house generally, during this period.

⁵⁸⁴ 1 HD E 30

⁵⁸⁵ Stouff, *Ravitaillement et alimentation en Provence aux XIV^e et XV^e siècles*, 252.

⁵⁸⁶ This continued to be purchased throughout the winter months.

⁵⁸⁷ 1 HD E 43, f. 96v.

⁵⁸⁸ 1 HD E 26, f. 64r.

⁵⁸⁹ 1 HD E 43, f. 88v: *die lunis scilicet xxiiii novembris quare dona dominica fortiter erat gravata emi unam gallinam in mercato de mandato medici quare deficiebat propria infirmitatem et propria senetatem*

⁵⁹⁰ 1 HD E 43, f. 82r.

melon. Sometimes, individualizing diet might simply mean supplementing more ordinary provisions, like meat, eggs, and apples.

A chapter heading from 1416 indicates that dietary provisions were made according to the prescription of physicians; it reads, “Here follows the expenditures made for the sick, according to the prescriptions of physicians, such as mutton, goats, hens, chickens, fruits, white bread, or other things that are necessary for them...”⁵⁹¹ Such a citation indicates the significant role that medical professionals played in the provision of care at Saint-Esprit.

The active intervention of medical professionals constituted a significant aspect of the care provided the sick at the Hospital of Saint-Esprit.⁵⁹² Physicians, surgeons, barbers, and apothecaries provided services both as salaried members of the hospital and on a case-by-case basis.⁵⁹³ As early as 1330,⁵⁹⁴ the hospital contracted annually physicians (*mege de fészica*, *mejer fezician*), surgeons (*surgian*), barbers (*barbier*), and the ambiguous *meges* to care for the sick within its walls; ⁵⁹⁵ at times, scribes even referred to such as individuals as *pensionari* or *pencionat*, “salaried” members of the hospital.⁵⁹⁶ These individuals, both Jewish and Christian, were identified as *maistre*. As noted in Chapter One, the municipal statutes reveal concerted efforts to regulate medical practice in Marseille; physicians and surgeons were required to swear

⁵⁹¹ 1 HD E 30, f. 21r: *Segon si despens fachas p[er] los malautes segon las ordenations dels meges tant en mont[on] cabritz gallinas pollalhas fruchas pans blancz ho autres ca[ua]s q[ue] lur sian necess[itas] qualoq[ue] sian en l'an mccccxvi e en lo regime[n]t dels hon[orables] rectos del espital dels paures de [Christi] de sant sperit destorbundas p[er] mi nicolau alphan cappellan e aministrador en la forma q[ue] senset*

⁵⁹² See Appendix C for a list of the medical professionals contracted by the hospital throughout the period under consideration.

⁵⁹³ Fabre provides a list of medical professionals who served the hospital and their respective salaries in *Histoire des hôpitaux et des institutions de bienfaisance à Marseille*, vol. 1, 184-195.

⁵⁹⁴ 1 HD E 2. There is no record of the contract of medical professionals in the first register in the series, which dates to 1306. A close analysis of notarial records from the years between the first and second registers (1307-1329) may help to establish a more definitive date for the development of this practice.

⁵⁹⁵ See Appendix D for a list of the medical practitioners who served the hospital.

⁵⁹⁶ These terms appear in registers 1 HD E 30 and 1 HD E 31. One entry, for example, reads: *Item. a xxviii de ginoyer hay pagat a maystre Ruben, mege pensionari del espital, per son segon ters que montan i fl. valon...lib. i s. xii.*

to care for and counsel *bona fide et sine fraude* those in their care, and to exercise *bene et fideliter* their office. The municipal council, furthermore, appointed two or three *probi viri* from amongst the best marseillais physicians to evaluate the competency of their peers. Those deemed “not to be qualified or sufficiently learned in physic” (*non esse ydoneos vel sufficientes scientia physicie*) were reported to the council and forbidden to practice in the city.⁵⁹⁷ The *maistres* who served the hospital, presumably, underwent such examination as qualification to practice.⁵⁹⁸

The hospital paid variable salaries to contracted practitioners. From 1364 onward, the fiscal year, for these practitioners, was divided into *tes*, three four-month intervals. From 1364 to 1422, physicians and surgeons were paid 1 *lib.* 12 s. per *tes* (4 *lib.* 16 s. per year). Guilhem Mathola, the only *barbier* to serve in this period, received 2 *lib.* per year. Exceptionally, in 1417, Johan, *meje de la vila* served the house in Aubagne at a rate of 6 *lib.* 8 s. per year.

The hospital accounts offer glimpses at the nature of care provided by these contracted professionals. *Meges* and *meges de fezica* were hired *per servir los malautes que venron en l'espital*, as well as the *donats* and *donadas*.⁵⁹⁹ A record of contract made on the Feast of Saint Andrew in 1338 stipulated the terms of employment of Guilhem Lonc, *mege*, who was to visit once or twice a day the sick in the hospital and in all the other houses belonging to the hospital, and, in his absence, to appoint another suitable person to serve in his place; for this service, they paid him 3 *lib.* 15 s. for the year.⁶⁰⁰ This expectation conforms to the requirement outlined in

⁵⁹⁷ Book II, chapter 35, *Les statuts municipaux de Marseille*.

⁵⁹⁸ This seems especially likely because the council oversaw both the licensing of medical practitioners and the administration of Saint-Esprit.

⁵⁹⁹ 1 HD E 9, f. 72v, for example.

⁶⁰⁰ 1 HD E 7, f. 22r: *Item. ave[m] fag quovine[n]t al maistre Guille[m] lonc mege fezesian de la festa de sant andrieu e[n] i an e deu reguardar ii ves o ia lo jor[n] si tant es q[ue] plus non i no[n] ifasa mestier los mallautes q[ue] sera[n] e[n] l'espital o e[n] totas las mazo[n]s q[ue] aperteran al dig espital e si va deforas q[ue] deu laisar i autre sufisie[n]t e[n] son lueg e daiso deu aver d'un an...iii lib. xv s*

Book II, chapter 35 of the municipal statutes, which required physicians to visit the sick in their care at least twice a day.⁶⁰¹

The nineteen-day stay of Loppe dalla Pruna illustrates well both the curative responsibilities of each type of practitioner, as well as the professional interactions between them. On 5 February 1449, Loppe dalla Pruna, *galliego*, arrived at the hospital suffering from two fevers (*duabus febris*), which plagued him, first, with chills, then, with hot flashes. Over the course of three folios, we learn much about his condition and treatment, both of which intensified throughout his nineteen days in the hospital:

- 5 February: Loppe arrived at the hospital. On the advice of *magister* Vincent, he was given two fresh eggs with bread and *agua concocta* with rose sugar (*zucharo rosato*).
- 6 February: Because he accepted medicine, they purchased for him a small hen.
- 7 February: He was given a clyster, which was purchased on the advice of *magister* Vincent.
- 8 February: They purchased a *dimidium quartum* of goat for him.
- 9 February: They purchased another *dimidium quartum* of goat for his lunch and supper.
- 10 February: They purchased another *dimidium quartum* of goat for his lunch and supper.
- 11 February: They purchased a *medium quartum* of goat for his lunch and supper.
- 12 February: They purchased, on the advice of *magister* Vincent, a hen (*gallina*) for him, as he was still unwell and close to death.
- 13 February: They purchased a chicken (*pullettam*) to grind (*pro molendo*) for his lunch and supper.
- 14 February: They purchased another chicken to grind for his lunch and supper.
- 15 February: He accepted marrow (*medel[at]am*) and syrup, and, on the advice of the *medicus*, they purchased a hen for his lunch and supper.
- 16 February: The *medicus* and *magister* Peire, *barbitonsor*, let blood. They also purchased a chicken for his lunch and supper, as he was *in maxima debilitate*.
- 19 February: They purchased, from the son of *magister* Antoni Nicholini, a half-pound of blessed candles (*candelis signatis*) because one of the sick, *sen*. Loppe remained grave.
- 24 February: Loppe died. They wound him in a linen cloth for burial, as was

⁶⁰¹ Book II, chapter 35, *Les statuts municipaux de Marseille: ...Decernentes insuper ut medici admissi et comprobati, preeunte scrutinio, ut supra dictitur, teneantur speciali sacramento infirmos sive egrotantes quos sub cura sua susceperunt bis saltem in die visitare.*

customary.⁶⁰²

As this case illustrates, physicians often advised on patient diet. They also prescribed medicaments and bloodletting. Both barbers and surgeons performed the bloodletting prescribed by physicians,⁶⁰³ and were, generally, responsible for the more mechanical aspects of healing. The distinctions between their jurisdictions, however, are difficult to discern, as there was considerable overlap in the tasks they performed. Yet scribes did not use the terms interchangeably; some individuals were barbers, some were surgeons, and some were barbers and surgeons. That one individual could be both a barber and a surgeon indicates a clear practical distinction between the two professions. Records of contract shed light on their place in the hospital. In 1338, for example, Girant,⁶⁰⁴ *barbier e maistre surgian*, was contracted to treat, bleed, and “barber” (*barbarairar*) all the sick men and women in the hospital, and those of the

⁶⁰² 1 HD E 43, f. 92v-93r: *Nota que die quinta februaryi venit ad nostrum hospitale loppedalla pruna galliego cum duabus febris et que fortiter vexbatur a frigore et postea acalore. Et ista die [1 word illeg.] sibi dedimus ad comedendum nisi duo ova recentia cum pane et aquaz concota cum zucharo rosato de mandato magistri vincentii expendi... p. iii/ Die sexta dicti mensis scilicet die veneris pro dicto infirmo emi unum pulletum quia acceperat medecinam pro prando et cena...gr. unum p. ii/ Die septima dicti mensis emi unam pullam pro dicto infirmo qui accepit unum cristerium quam emi de mandato magistri vincentii medici et constitit unum grossum cum dimidio...gr. i p. iiiii/...Die octam dicti mensis emi dimidium quartum caprici pro dicto infirmo quod constitit quinque patachos pro prando et cena...gr. 0 p. v/...Die nona dicti mensis emi pro dicto infirmo dimidium quartum capricum consitit pro prando et ceno...gr. 0 p. v/ ... Die decima dicti mensis emi pro dicto infirmo medium quartum capricum pro prando et cena unde expend...gr. 0 p. v/ Die xi dicti mensis emi pro dicto infirmo medium quartum de caprico pro prando et cena expend...gr. 0 p. iiiii/ [93r:] Die xii februaryi emi de mandato magistri vincentii unam gallinam pro dicto infirmo qui male sese habebat et quasi deficiebant et quod quam constitit michi grossos tres...gr. iii/...Die xiii dicti mensis emi unam pullettam pro dicto infirmo pro qua expend grossum unum cum dimido pro molendo ipsum...gr. i p. iiiii/ Die xiiii dicti mensis emi unum pulletum pro dicto infirmo pro molendo ipsum ad prandum et cena expendi...gr. i/...Die xv dicti mensis pro dicto infirmo qui accepit medelam et sirrappum emi unam gallinam pro prando et cena de mandato medici expendi duos grossos cum dimidio...gr. ii p. iiiii/ ...Die xvi scilicet die lune medicus fecit flebotomari dictum infirmum a socio magistri petri barbitonsoras cui solvi...gr. i/ Item die dicta pro prando et cena expendi in una pulletta pro dicto infirmo quia erat in maxima debilitate expendi...gr. i p. iiiii/...[93v:] Die xix dicti mensis emi mediam librum de candelis signatis quia unus de dictis infirmis sen loppe graviter stabat ded[imus] filio magistri antonii nicolini...gr. i p. iiiii/...[94r. Very faded from water damage:] Nota que die dicta [24 February] mortuus fuit loppe predictam et involverimus in uno linteamine ut moris est...linteramine...i*

⁶⁰³ On 18 February 1449, for example, Nerius de Plumbino arrived at the hospital, sick with fever. The hospital, on the advice of the *medicus*, paid for the barber, *magister* Peire, to bleed him: *nota que dicta die venit ad nostrum hospital nerius de plumbino cum febre cui fecimus extrahere sanguinem de mandata medici qui erat de galea philippi de florentia et solvi pro flebotomando ipsum famulo magistro petri barbitonsoris*. 1 HD E 43, f. 93v.

⁶⁰⁴ Although the scribe did not record Girant's last name, it is likely that he was the Girant de Bellevec, *surgian*, contracted in 1333 to serve the hospital.

house, and swore to go to the hospital once or twice a month.⁶⁰⁵ Surgeons also provided plasters, such as when *magister* Durant, a Jewish surgeon, created a plaster for Maccinus de Porto Galletto, a Spanish man who was suffering an injured kidney after being hit by a stone.⁶⁰⁶ Apothecaries, who are not specifically identified in his entries, also played a role in Loppe's care. Apothecaries (*apoticari*) or grocers (*espesiare*) sold the hospital various medicaments prescribed by physicians attending the sick at Saint-Esprit. These included sugars (*sucres*) – particularly, rose sugar (*sucro rosat*)⁶⁰⁷ –, syrups (*sirrupum*), plasters (*empastres*), unguents (*hongz*), electuaries (*lectuaris*), clysters (*cristarium*), oils (*olis*), flowers (*flos*), powders (*polveras*) – like, laxative powder (*polvera lacsativa*) –, and waters (*aigas*), like *agua concota*.⁶⁰⁸

Entirely absent from the case of Loppe dalla Pruna and, indeed, from the registers, generally, is the medical care provided by the *fraires*, *sores*, *donats*, and *donadas* of the hospital. The absence of an extant Rule, in part, accounts for our inability to reconstruct the more quotidian caregiving provided by the hospital *familia*. As Chapter Three discussed, these members of the hospital *familia* undoubtedly served the sick within Saint-Esprit's walls. When Jacominus Renelhoni and his wife, Guillmeta, gave themselves to the hospital, they promised to serve its sick. The hospital also employed *mesages*, who were paid to serve the house and its

⁶⁰⁵ 1 HD E 4, f. 22v: *Item. avem fag quovinent al maistre girant barbier e maistre surgian per megar e per sannar e per barbarairar totz los homes e totas las femenas mallautes e mallautas que sera en l'espital e en la mazon ez es te[n]gut per sacrament devenir ii ves o i al mes en l'espital e deu aver de la festa de sant andrieu en i an...iii lib. x s.*
⁶⁰⁶ 1 HD E 43, f. 87r: *nota que dicta die venit ad nostrum hospitale maccinus de porto galletto de ispania quasi ruptis renibus quia percussis fuit cum lapide un[de] duxi ad eum magistrum durantem hebreum que fecit sibi emplastrum...*

⁶⁰⁷ *Sucro rosat* (or, less commonly, *zucharo rosato*) appears frequently in the records. As McVaugh has pointed out, the medicinal properties of sweets is evinced by their presence in the *Antidotarium Nicolai* “that would soon direct every apothecary's practice.” McVaugh, *Medicine before the Plague*, 18.

⁶⁰⁸ In 1365, for example, they paid Johan Johan, who is identified elsewhere as an *espesiare*, for the period from 19 November to 4 September a rather substantial sum of 17 *lib.* 18 *s.* 10 *d.* for *l'obrador tan sucres tant saquestz e cresteris e lectuaris e olis e flos e aigas...* 1 HD E 15, f. 69r. In 1414, they paid Huguet Baron, grocer, for various medicines, sugars, electuaries, and other items from his shop for the sick: *Item plus. avem pagat a ii d'abril a huguet baron espessyer per aucunas medessina e per aucanas sucres e per aucunas letoari e per aucunas autras cauzas que avem agut de sa botiga per los malautes de viii de may fin a ii d'abril finat de que ha montat fin al dis jort fl. 42 gr. [blank] que valon...lib. xxv s. iiiii d.* 1 HD E 29, f. 37r.

sick, as in 1434, when they hired Johan *per servir los malautes del espital*.⁶⁰⁹ Beyond these records of admission and contract, we know little of the actual care they provided. We do not know, for example, if care for the sick was gendered, as in Catalonia, where those who tended the sick were generally female.⁶¹⁰ Nor do we know if they washed the wounds of the sick, as was required of the sisters of Hospital of Nicolas du Bruille (Tournai),⁶¹¹ or if they cultivated herbs for more domestic remedies, as they did at St. Giles' Hospital in Norwich.⁶¹² These practices were relatively widespread in medieval hospitals, and so we might assume that they transpired also at Saint-Esprit in Marseille.

Still, the presence or purchase of certain items in the hospital permits inference. The purchase of oil for a patient's *lumen de nocte* suggests that someone kept watch over the sick through the night.⁶¹³ Statutes from various French hospitals, published by Le Grand, reveal that many hospitals required sisters to attend to the sick through the night. Statutes 28 and 29 in the 1263-statutes of the Hôtel-Dieu de Saint-Pol, for example, stipulated that two – sometimes three – lamps amongst the sick were always to burn through the night, and that a sister and servant were always to watch over the sick through the night.⁶¹⁴ Purchase of tallow candles and oil for lamps intended both for use when both moving around and resting in the night reveals this to have been common practice at Saint-Esprit, as well.⁶¹⁵ Hospital staff would, also, have been

⁶⁰⁹ 1 HD E 39, f. 71v.

⁶¹⁰ Brodman, *Charity and Welfare*, 59.

⁶¹¹ Rawcliffe, "Hospital Nurses and their Work," 52.

⁶¹² Rawcliffe, "Hospital Nurses and their Work," 59.

⁶¹³ 1 HD E 43, f. 85, in an entry concerning purchases for Franciscus de Vinetiis: *Item. dicta die pro oleo pro faciendo eis[dem] lumen de nocte...*

⁶¹⁴ Statute 28: *Due lampades inter infirmos, sive tres, si congruerit, de nocte semper ardeant et tres semper in capella coram tribus altaribus nocte dieque.* Statute 29: *Una sororum et una ancillarum qualibet nocte semper vigilent coram infirmis ita quod quelibet vigilet una post aliam, ad noctem ei spectantem.* "Statuts de l'Hôtel-Dieu de Saint-Pol," in *Statuts d'Hôtel-Dieu et de léproseries: recueil de textes du XIIe au XIVe siècle*, trans. Léon Le Grand (Paris: Alphonse et Fils, 1901), 124.

⁶¹⁵ 1 HD E 43, f. 81r: *Item. pro candelis de sepo pro eando et redendo pro hospitale de nocte librum duabum expendi...gr. i p. ii/ Item dicta die pro oleo pro tenendo lampadam accensas de nocte emi una libra oley ab uxore m[agistri] Alessii...gr. i p. ii.*

responsible for accompanying the sick to the latrines, described through maintenance expenses in the records. In 1363, for example, the hospital paid a man 6 s. to scrape clean the women's latrine (*privada*).⁶¹⁶ In 1430, they purchased, for 1 gr. 2 qr., three small tubs for the sick "to place under the latrine seats,"⁶¹⁷ a purchase which suggests the presence of something akin to a chaise percée in the hospital, likely for those too sick to travel to the latrines outside; staff or servants would have had the duty of emptying the tubs placed beneath them.

The fourteenth-century inventories provide further insight. Sheets for the bath in the women's hospital reveal that the sick were bathed.⁶¹⁸ Bed warmers (*scalfador*) would have been warmed over the fire and placed in bed with the sick. A still of rose water in *frayre Johan Bonet's* room indicates its regular presence, while fifteenth-century purchases indicate its fabrication; they spent, in May 1417, a rather substantial sum of 18 s. 8 d. on roses and buds to make waters and conserves of sugar and honey, and another 16 s. for glass *amolas* to hold various distilled waters;⁶¹⁹ a few days later, they spent an additional 1 lib. 13 s. 4 d. on the purchase of roses – both buds and fully flowering – to make waters and to use for plasters.⁶²⁰ Such items indicate the kind of care the regular house would have provided patients, even when

⁶¹⁶ 1 HD E 13, f. 61r: *Item. per i home que curet la privada de las donas al jorn sus dig...lib. vi s.* They spent money on the women's latrines, again, in 1417, when they paid 5 lib. 13 s. 3 d. to have two of master Symon Peyries' apprentices to repair the *fonduda* in them (1 HD E 31, f. 80r): *Item. a iii de desembre son statz ii juvenomes de maystre symon peyries per reperar la fonduda que se facha en las latrinas de las donnas en que han stat xvii jors que gasanan per home lo jorn ii gr. 3 montan fl. iii gr. vi qr. ii que valon...lib. v s. xiii d. iii*

⁶¹⁷ 1 HD E 37, f. 67v: *Plus. dimars a vi de novembre per iii grasals per los ma^{la}utes permetre sota las sellas cortesas ay pagat...fl. gr. i qr. ii d.* Translation for *cortesa* as "latrine" derives from Philippe Olivier, *Dictionnaire d'ancien occitan auvergnat: Mauriacois et Sanflorain (1340-1540)*, Beihefte zur Zeitschrift für romanische Philologie 349 (Tübingen : Niemeyer, 2009), 331.

⁶¹⁸ In the inventory from 1350 (1 HD E 11, f. 123r) appears an entry for *ii flasadas que sus la tina de banhar*. In 1364, however, they rented a bath for a woman in labour, 1 HD E 14, f. 38v: *Item. per logier d'una tina a banhar la jaguda que sacha ament...lib. ii*; it is not clear why they did use the tubs they likely would have had on hand.

⁶¹⁹ 1 HD E 31, f. 35r: *Item plus. hay compra de rosas e boto[n]s per far aygas e conservas de sucre e de mell vii m. a rason de i gr. lo m. montan...s. xviii d. viii/...Item plus hay despendet per compra de alcunas amolas de veyre per tenir diverses aigas destelhas per provecion...s. xvi.*

⁶²⁰ *Item plus hay despendet per compra de rosas tant botons conservas cant spandedeis per far aygas e serva per enplastre x m. a rason de ii blancz lo m. montan xi go ii qr. que valon...lib. i s. xii d. iiiii*

this care is not articulated explicitly in the records.

But, if the case of Loppe dalla Pruna obscures the quotidian acts and gestures that would have comprised his regular care, it sheds light on the integral role that care for the soul played in healing at the Hospital of Saint-Esprit.

4.3.2. Spiritual Care

The immaterial nature of spiritual acts, in many ways, obscures their significance in daily accountings. Acts of prayer, contemplation, confession, and benediction can transpire without ever leaving physical trace. Often, however, these acts are mediated through material objects, and purchase of mediatory material and services has left echoes of the spiritual at Saint-Esprit. Provisions for the soul – and, by extension, for the body – were made for the sick, dying, and dead. Prayer, confession, and benediction altered the soul to assuage the suffering of the body. Rituals of death and dying, rooted in Christian tradition, were acts of incorporation; they incorporated into a community in the afterlife those who lacked one in this life. Together, these acts cured need that was physical, spiritual, and social.

Medieval hospitals often tended to the souls of the sick even before tending to their physical ailments. Many required the sick to be confessed before admission. Thirteenth-century statutes from the hôpital de Saint-Jean-de-Jérusalem, and the hôtels-Dieu of Angers, Mont-Didier and Amiens, Troyes, Saint-Pol, Pointoise, and Vernon, to name only those amongst the statutes in Le Grand's transcriptions, all stipulate confession as a primary requirement for admission.⁶²¹ If the sick of Saint-Esprit were confessed before receiving care, it has left no record in the accounts. Confession appears only twice in the registers, and never in relation to admission. This absence is, perhaps, surprising, as, in the two cases in which it is noted, there is

⁶²¹ *Statuts d'Hôtel-Dieu et de léproseries: recueil de textes du XIIIe au XIVe siècle*, trans. Léon Le Grand.

a cost attached to it; in 1408, they paid 2 *gr.* “to confess four persons of the hospital,”⁶²² and, in 1409, 6 *s.* “to confess the people of the hospital.”⁶²³

The spiritual life *within* the hospital walls is, at times, equally difficult to access. Prayer and contemplation are, perhaps, the most difficult acts to reconstruct. As noted in Chapter One, the Hospital of Saint-Esprit does not appear to have contained its own chapel.⁶²⁴ Mass and other religious observances likely transpired at the Church of Notre-Dame-des-Accoules, perhaps, in the mid-fourteenth century, in the chapel of the Magdalen founded by the testament of Jean Blazin,⁶²⁵ and, later, in the chapel founded by Julien de Casaulx and shared with the Hospital of Saint-Jacques-de-Galice.⁶²⁶ The absence of consecrated space at Saint-Esprit, however, does not preclude a spiritual life within its walls. The presence of devotional objects in the inventories reveals that spiritual reflection and prayer figured into the daily life of the sick at Saint-Esprit. Inventories from 1357, 1363, 1364, and 1365 note the presence of oratories (*horatoris*) in both hospitals and in the treasury.⁶²⁷ Although the modern sense of “oratory” connotes a kind of chapel or room for prayer, the hospital inventories accounted *moveable* goods; the term *horatori*, thus, seems to connote more a piece of furniture for prayer than a space for prayer, and likely refer to a portable altar-shrine.⁶²⁸ The earliest inventories note their presence only in the treasury and the women’s hospital, the latter of which, in 1357, contained two. In 1364, however, the

⁶²² 1 HD E 25, f. 77v (1408): *A paguat per far confesar iii persona de l’espital...fl. ii gr.*

⁶²³ 1 HD E 26, f. 119v *bis* (1409): *Item. a xviii de mars p[er] confesar las gens del hostal...viii s.*

⁶²⁴ Glessgen argues, similarly, that “Das Hospital besaß wahrscheinlich – trotz gegenteiliger Vermutungen – zu keiner Zeit eine eigene Kapelle,” “*Lo thesaur del hospital de Sant Sperit*,” 232.

⁶²⁵ 1 HD E 9, f. 114v: *Item. monsen joan blazin laisxet ia capellania a nostra dona de las acolas al macdelena....*

⁶²⁶ The first reference to this chapel appears in register 1 HD E 21 from 1398, though his testament dates to 1394. Several entries in subsequent registers reveal that the chapel was shared – and costs were assumed – by both hospitals.

⁶²⁷ 1 HD E 12, E 13, E 14, and E 15.

⁶²⁸ The Rule of the Order of Saint-Esprit mandates that, every Sunday, the priests, clerics, brothers, and sisters process through the infirmary with an altar to celebrate the Eucharist (Brune, *Histoire de l’Ordre Hospitalier du Saint-Esprit*, 65); the *horatoris* noted in the inventories of the Hospital of Saint-Esprit in Marseille likely connote a similar function.

men's hospital contained one and, by 1365, three. Little is known of their composition, except that the one in the treasury was an *horatori de nostra dona*, and that "the other room of the hospital" (*l'autra quambra del espital*) contained two chests that held altar-shrine covers (*escrintz ii en que fon las qubertas dels oratoris*). All three rooms also contained crosses. Although the entry for the brass cross (*cros de leton*) in the treasury appears on its own line in the inventory, accountings of the crosses in the men's and women's hospitals itemize them alongside the oratories. The entry from the 1357-inventory of the women's hospital, for example, reads *oratoris e cros...ii*, and the entry from the 1365-inventory of the men's hospital reads *horatoris iii e ia grant e ia pauqua †*. Perhaps this textual juxtaposition evinces a functional juxtaposition. Perhaps the objects were simply conceptually linked in the scribe's mind. Regardless, both the oratories and the crosses served a contemplative function in the hospital. Their presences in the men's and women's hospital meant that they were in immediate view and could be easily accessed for private moments of prayer and reflection. Rawcliffe has established contemplation as an integral aspect of care in medieval hospitals. She notes that "patients near to death in the Florentine hospital of Santa Maria Nuova were comforted by nurses bearing pictures of Christ on the Cross, a practice which was almost certainly universal,"⁶²⁹ and underscores the popularity of images of Mary at time of death, "a ubiquitous presence in the wall paintings, statuary and altarpieces of hospital chapels and infirmaries throughout Christendom. Her role as a mediatrix between sinful humanity and God ensured a special place for Marian devotions in the liturgy for the dead. The sight of her image offered reassurance to the sick."⁶³⁰

⁶²⁹ See K. Park and J. Henderson, "The First Hospital among Christians": The Ospedale di Santa Maria Nuova in Early Sixteenth-Century Florence," *Medical History* XXV (1991): 183.

⁶³⁰ Rawcliffe, *Medicine for the Soul*, 104.

Statutes from the hôtel-Dieu of Northern France reveal that the hospital setting provided *ritualized* care for the souls of the sick, in addition to the opportunity for private prayer and contemplation evinced by the inventories at Saint-Esprit. These provisions included communion and priestly benediction. Statute 76 of the hôtel-Dieu-le-comte in Troyes, for example, stated that the sick were to be visited by a priest in choir vestments bearing the Eucharist, preceded by a cleric with holy water, a bell, and a light.⁶³¹ The statutes from the hôtel-Dieu in Pointoise outline a similar ritual, but included wine amongst the items borne by the cleric.⁶³² At the hôtel-Dieu of Vernon, it was the nursing sisters who bore the wine and water, as well as covered the bed of the sick communicant with a white sheet in preparation for the Eucharist.⁶³³ The men's hospital in Saint-Esprit contained a *bezenechier* to carry holy water,⁶³⁴ though it is unclear if it was used in the healing ritual of communion. The Eucharist restored the health of the soul and the body.

Camporesi, discussing medieval attitudes toward “the mysterious food,” has described how

the divine flesh, transmitter of abstract, impalpable powers that put the soul into communication with the ineffable, was also widely perceived as a mysterious, superhuman nourishment, a sort of divine marrow that would mete out both health and salvation (the two are indistinguishable in the single, ambiguous term *salus*). It was seen as a heavenly manna and balsam, a supernatural *pharmakon*.⁶³⁵

⁶³¹ Statut 76: *Ad vistandum infirmos sacerdos cum vestibus de choro incedat, religiose portans Corpus Christi; clericus precedat cum aqua benedicta et campana et lumine*, “Statuts de l’hôtel-Dieu-le-comte à Troyes,” in *Statuts d’Hôtel-Dieu et de léproseries: recueil de textes du XIIIe au XIVe siècle*, trans. Léon Le Grand, 114.

⁶³² “Le chapitre unze: [...] *A la visitation des malades aille le prestre avec ses vestemens de l’église, et le clerc aille devant le Corps Nostre Seigneur atout luminaire, vin et eau, et la sonnette*,” “Statuts de l’hôtel-Dieu de Pointoise, vers 1265,” in *Statuts d’Hôtel-Dieu et de léproseries: recueil de textes du XIIIe au XIVe siècle*, trans. Léon Le Grand, 137.

⁶³³ Statut 11: *Comant en servira et aministrara aus malades: [...] Quant l’an portera Corpus Domini aus malades, en le portera devotement et à grant reverence, en tele manière: prumierement l’an sonar la campanele en la chapele, por cen que tuit et toutes, sain et malade, soient devost et apareillié à orer et ennoier à grant reverence le Cors Nostre Seigneur. Li prestres qui le portera aura vestu seurpeliz ou aube, se metiers est, et devant lui ira clers ou autres qui portera le eaue beneoite en une main et en l’autre un cerge ardent ou chandoile en lanterne et ausit au retornent. Et les sereurs gardes des malades auront appareillié vin et eaue, et auront couvert le lit au malade desus, por la reverence au Cors Nostre Seigneur, de un grant drap blanc et nest, lequel l’an osterà, quant li prestre s’en sera retorné*, “Statuts de l’hôtel-Dieu de Vernon, fin du règne de Saint-Louis,” in *Statuts d’Hôtel-Dieu et de léproseries: recueil de textes du XIIIe au XIVe siècle*, trans. Léon Le Grand, 160.

⁶³⁴ 1 HD E 15, f. 3v: *Item. bezenechier a portar aigua senhada...*

⁶³⁵ Piero Camporesi, “The Consecrated Host: A Wondrous Excess,” in *Fragments for a History of the Human Body, Part One*, ed. Michel Feher (New York: Urzone: Harvard University Press, 1989), 221.

Like confession, communion has left only faint echoes in the accounts of Saint-Esprit, though such ritualized care undoubtedly transpired. According to Binski, “ritualized care for the sick provided the basis of death rituals in the Roman Church, including prayers and feasts for recovery and ritual anointing or healing by oil. These forshadowed funeral masses and the anointing of the dying, or extreme unction...[T]he Christian perspective saw the body as a sign of the soul; in curing the soul of sin the body too was cured.”⁶³⁶ And it is these rituals, the rituals of dying and death, which feature so prominently – if sometimes inconsistently – in the accounts of Saint-Esprit.

While insight into spiritual provisions for the living sick requires certain interpretative leaps, spiritual provisions for the dying and dead feature commonly and explicitly in the hospital accounts. The hospital performed a ritual of death for the moribund sick that included administration of the sacraments, preparation of the corpse, procession, burial, and, perhaps, post-mortem absolution. By the fifteenth century, the registers recount in increasing detail the stages of this ritual through the accounting of the material aspects of it. We know, for example, that, on 8 September 1449, Anthonius Johanus from Riparia Jaune and three other oarsmen from the galley of Antoni Thomasi were brought to Saint-Esprit and placed in the care of the women of the city. Their afflictions are not specified, but their conditions must have been grave as, over the next seven days, all four died. On 16 September, one day before he died, the hospital administered extreme unction to Anthonius (*dedimus oleum sanctum*), just as they had to his shipmates in the preceding days, and purchased for him eight blessed candles (*candelis octo benedictis*). His death the following day is recorded in the entries, and is identified by the presence of crosses in the left and right margins. His corpse was wound in a linen shroud, the

⁶³⁶ Paul Binski, *Medieval Death: Ritual and Representation* (Ithaca: Cornell University Press, 1996), 30.

use of which was accounted in the expenditures column (*† mortus fuit superdictus anthonius et involverimus eum in uno linteamine...linteamine i †*). Petro Ispano was paid 1 gr. 4 p. to dig a grave (*pro faciendo foneam pro sepelliendo dictum funus*), and the son of *magister* Anthonius Nicholini the same amount for four large and eight small candles for the burial of his corpse (*pro quator candelis magnis et octo parvis pro sepelliendo dictum funum*).⁶³⁷

As the case of Anthonius Johanus illustrates, the ritual of dying began (at least, in 1449) with the administration of extreme unction.⁶³⁸ Medieval scholars attributed the institution of anointing of the sick to James 5: 13-16:

Is anyone among you in trouble? Let them pray. Is anyone happy? Let them sing songs of praise. ¹⁴ Is anyone among you sick? Let them call the elders of the church to pray over them and anoint them with oil in the name of the Lord. ¹⁵ And the prayer offered in faith will make the sick person well; the Lord will raise them up. If they have sinned, they will be forgiven. ¹⁶

Its role and ritual, however, were subjects of debate amongst theologians.⁶³⁹ Their writings reflected on the spiritual effects of the rite, particularly the remission of sins. While Thomists argued that its function was to remove the remnants of sin, others like Bonaventure, propounded the remission of sin. But if they debated its function, they agreed unanimously on its material, which was to be the oil of olives, blessed by the bishop – a doctrine defined by Innocent III in 1208 – and, according to the Council of Florence (1431-1449), applied to the five senses. Theologians debated whether or not extreme unction constituted a sacrament; while Lombard included extreme unction in his list of seven sacraments,⁶⁴⁰ a stance taken later in the *Sententiae divinitatis*, scholars like Hugh of Saint-Victor excluded it. The question of its sacramental status

⁶³⁷ 1 HD E 43, f. 85r.

⁶³⁸ According to Chiffolleau, the practice appeared comparatively late in the Midi due to clerics fears that the laity would confuse the sacrament with the Cathar *consolamentum*. Chiffolleau, *La comptabilité de l'au-delà*, 115.

⁶³⁹ The discussion that follows of the role of extreme unction in medieval Christianity is derived from the entry by L. Godefroy on “Extrême unction chez les scolastiques,” in *Dictionnaire de théologie catholique* t. 5, pp. 1987-1995.

⁶⁴⁰ Rubin, “Sacramental life,” in *The Cambridge History of Christianity, 4: Christianity in Western Europe c. 1100 – c. 1500* eds. Miri Rubin and Walter Simons (Cambridge: Cambridge University Press, 2009), 222.

arose, also, within the controversial debate on its reiteration. Theologians like Yves of Chartres argued that its sacramental nature meant that the consecration it enacted could not be renewed. Peter the Venerable responded to such a stance by noting that its purpose was to erase sin; if sin renewed, it must be erased again. The possibility of reiteration presented itself only once in the hospital, when Johanes de Basilea, *quasi defecerat*, was anointed, but survived his illness; as he departed the hospital upon recovery, however, we do not know whether or not the rite was repeated. Johanes' case is also the only one to include communion (*sanctam communionem*) as a part of the rites. In all cases for this register, however, the provision of holy oil was accompanied by the purchase of two wooden dishes (*duas scutellas ligneas*) and thirteen candles, whose textual juxtaposition alongside the holy oil implies a functional relationship between these items.⁶⁴¹ Together, they cost 4 *p*.⁶⁴² Blessed candles (*candelae signatae*) were also purchased independently of holy oil, a practice which suggests that the burning of the candles, itself, served a healing function. On 18 February 1449, for example, Andreas Jacobi purchased eight blessed candles because one of the patients, Johannes, was deteriorating.⁶⁴³

Although the examples of extreme unction derive only from a single register, the consistency with which it was administered to the moribund sick in that year attests to the significance attached to the ritual.⁶⁴⁴ Such preoccupation was not restricted to the hospital setting. According to Bornstein, "late medieval Europe's obsession with death spawned a whole

⁶⁴¹ 1 HD E 43, f. 86v: *Die martis scilicet xxi octobrum dedimus sibi sanctam communionem et oleum sanctum unde emi duas scutellas ligneas et xiii candelas et stuppam...gr. 0 p. iii.*

⁶⁴² *Patachi* or *patats*, which, according to Pansier, valued 3 *d*. each.

⁶⁴³ 1 HD E 43, f. 88r: *Item. pro octo candelis signatis quia dictus johannes deterioratis...p. iii.* Later that register year, on 19 February 1450, they, similarly purchased blessed candles for one of the sick, Loppe, whose condition remained grave: *Die xix dicti mensis emi mediam librum de candelis signatis quia unus de dictis infirmis s. loppe graviter stabat dedimus filio magistri antonii nicolini...gr. i p. p. iii.* (f. 93v).

⁶⁴⁴ The composition of this register sheds light on its priorities. It is one of only three registers composed in Latin, a linguistic preference that reveals the classical education of its *presbiter* scribe. The attention to extreme unction in this single register thus, likely, reflects more the priorities of the scribe than the presence or absence of this ritual in actual practice in the other register years.

literature on the art of dying well, in which extreme unction was a key element in a good death.”⁶⁴⁵ As Rubin has noted, “the sacraments punctuated the lifecycle and provided the ritual frame for the enactment of rites of passage. The greatest passage of all was, of course, that from this world to the next. The sacrament of extreme unction, the deathbed ritual, aimed to offer a final boost of grace to the Christian about to embark on that most terrifying journey.”⁶⁴⁶ Anointing of the sick thus provided a kind of spiritual relief for the dying at Saint-Esprit.

When patients died, scribes recorded it. This is particularly true after 1410, with the emergence of individual sick in the records.⁶⁴⁷ Occasionally, entire chapters were dedicated to the subject. Five registers contain lists of the dead from their respective years. In four of the five cases, the lists are redundant, as the deaths are also recorded amongst the expenses for the sick on the days that they transpired. This redundancy seems to suggest that the lists, in themselves, served a purpose external to daily accountings and, in some ways, resembled necrologies that, in other contexts, served a memorial function. Despite the semantic debate over the various terms for lists of the dead (necrology, *liber memorialis*, obituary), Joëlle Rollo-Koster has concluded that “their main purpose remained unchanged, that is, they linked the dead with the living. Naming a dead person was tantamount to bringing him or her to the presence of the namer, in most cases the person offering suffrages.”⁶⁴⁸ The chapter headings and apparent priorities of these lists of the dead in the Saint-Esprit accounts, however, return their reader to the more mundane. The first list appears in the register from 1423, the year the Catalans attacked the city, under the chapter heading, “Here follows the persons who died in the present hospital

⁶⁴⁵ Daniel Bornstein, “Administering the Sacraments,” in *The Routledge History of Medieval Christianity, 1050-1500*, ed. R.N. Swanson (New York: Routledge, 2015), 135.

⁶⁴⁶ Rubin, “Sacramental life,” in *The Cambridge History of Christianity, 4: Christianity in Western Europe c. 1100 – c. 1500* eds. Miri Rubin and Walter Simons (Cambridge: Cambridge University Press, 2009), 229.

⁶⁴⁷ Patient deaths can often be identified in the fourteenth-century records, but are typically incidental to incomes related to them, such as the hospital’s appropriation of their clothing or small sums of money on their persons.

⁶⁴⁸ Rollo-Koster, “Death and the Fraternity: A Short Study on the Dead in Late Medieval Confraternities,” 7.

from the destruction” (*segon si las personas que fon mortas en aquest present espital de la destruction*).⁶⁴⁹ The second, which consists of seven entries, dates to 1430 and contains no descriptive title.⁶⁵⁰ The third, from 1434, however, appears under the heading “the chapter on the graves of the dead” (*lo capital de las fossas dels mors*) and contains fourteen entries.⁶⁵¹ The fourth list dates, also, to 1434, and appears under the heading *lo capital daqueles que moron*, “the chapter on those who died;”⁶⁵² it contains sixteen entries. The fifth, a list from 1449 entitled *Exitus linteaminum dicti hospitali quocumque vis modo de anno mccccxlviii*,⁶⁵³ contains thirteen entries. In all cases, the dead are almost incidental to the materials expended on their burials. Every list accounts for the expenditure (or not) of winding sheets (*flassadas*, *lansols*, *linreamina*). A 1434 entry, for example, notes characteristically that they used one *lansol* for the wife of Christo *lo normant*, Johana, who died on 24 March.⁶⁵⁴ Sheets intended for other uses, furthermore, can be found amongst the accountings of shrouds, as on 26 April 1431, when Johaneta tore up three old sheets to make swaddling cloths for the infants and bandages for the sick.⁶⁵⁵ Andreas Jacobi even accounted for a stolen sheet in the list from 1449. According to the entry, on 28 January 1450, two men who had been sleeping at the hospital – one Spanish, the other from Riparia Jaune – stole a linen sheet from the hospital, a crime which they denied. Despite their apparent transgression, Jacobi did not want to bring them before the court, fearing they might be hanged for other thefts. His concern was well-founded; sheets were valuable and thieves were punished harshly; as foreigners, furthermore, these men were vulnerable to harsher

⁶⁴⁹ 1 HD E 34, f. 80r.

⁶⁵⁰ 1 HD E 37, f. 94r.

⁶⁵¹ 1 HD E 39, f. 98r.

⁶⁵² 1 HD E 40, f. 84r.

⁶⁵³ 1 HD E 43, f. 109r.

⁶⁵⁴ 1 HD E 40, f. 98r: *Item. a xxiiii de mars mori johana molhar de Christo lo normant...lansol...i*

⁶⁵⁵ 1 HD E 37, f. 94r: *l'an mil cccc e xxxi a xxvi d'abril si e rem[en]bra[n]sa que johaneta a deffag iii lansols viels per far pedasses per los enfans e per far bendas per malauts...lansols iii.*

treatment by the court. Although the marseillais court rarely imposed blood sanctions, those that do appear in the records concern theft and foreigners.⁶⁵⁶ Thus, in a display of mercy, Jacobi forced them to depart, rather than surrendering them to the court, and concluded that the stolen sheet should be removed from the inventory.⁶⁵⁷ The presence of such entries amongst the names of the dead is further evidence that the inscription of their names in these lists served, above all, an accounting function, and, in this regard, parallels the record of death in the daily accountings for the sick, which, unlike record of arrival, only rarely note the event independently of the costs attached to it.

The hospital always shrouded its dead.⁶⁵⁸ As the Latin equivalent, *linreamen*, of the more ambiguous Provençal *lansol* (sheet) or *flassada* (blanket) indicates, the shrouds (*suzaris*, *suaris*) were made of white linen, likely in the form of canvas (*tela*). Thus, when Raniccus Corsus died on 19 August 1449, “he was wound in a white linen, as [was] customary, and buried with it.”⁶⁵⁹ In a similar fashion, the dead at Santa Maria Nuova were dressed a white linen shift “to represent his new state of purity now that he had passed to the next stage in his soul’s journey.”⁶⁶⁰ As Chapter One illustrated, in the years that Saint-Esprit maintained its own cemetery, the sale of shrouds was, like cemetery itself, a source of income for the institution; by the fifteenth century, however, it was a common expense. The hospital made the shrouds from canvas they purchased,

⁶⁵⁶ Smail, e-mail with the author, 16 June 2017. I would like to thank Prof. Smail for his help situating this entry in the broader criminal context. For capital punishment and blood sanctions in Marseille, see Smail, *Consumption of Justice*, 177-178.

⁶⁵⁷ 1 HD E 43, f. 110r: † *Die xxviii de januari duo que dormierunt in nostro hospitale scilicet unus Ispanus et alius de Riparia Jaune fuerunt furati unum linreamen et negabant et ego nolim ipsos ponem ad curiam dubitans ne propter alia furta ipsi non suspenderentur et dimisi eos abire cum multis* [1 character illeg.] *legis et cetera debet extrai de inventario...linreamen i †*

⁶⁵⁸ The earliest explicit references to shrouds for consumption, not sale, dates to 1365: *Item. bailem per de tela que aguem per i quos a sen matieu brondel...s. xii/ Item. bailem mais a sen matieu brondel per tela que aguem per i autre quos...s. xii/ [...] Item. bailem a sen matieu brondel e per dete la a i quos...s. xii/ [...] Item. bailem per far la fosa al quos e per portar...s. ii d. viiii* 1 HD E 15, f. 59r.

⁶⁵⁹ 1 HD E 43, f. 109r: † *Die xix Augusti mortuus fuit Ranuccius Corsus ut patet ante ad cartum* [blank] *Et fuit involutus in uno linreamine albo ut moris est et cum eo suplutus...linreamen i †*

⁶⁶⁰ Henderson, *Healing the Body and Healing the Soul*, 179.

as in 1434, when they purchased 43 *canas* and 3 *palms*⁶⁶¹ to make, amongst other things, shrouds for the dead.⁶⁶² Women hired to do laundry washed the material along with the other laundry of the house.⁶⁶³ Chiffolleau's analysis of testaments from the Comtat Venaissin reveal that shrouds played an important role in funerary ritual:

des oeuvres charitables sont créés pour en distribuer aux pauvres indigents et certains pratiques montrent qu'on leur accorde une fonction quasi-magique (en Avignon par exemple avant d'utiliser le suaire on le passe devant l'image de Notre-Dame de Vie qui se trouve aux Carmes). Le linceul blanc est en effet le vêtement du passage dans l'au-delà, de la resurrection, mais aussi dans bien de cas la seule enveloppe qui protège le corps du contact avec la terre.⁶⁶⁴

Certain linguistic constructions in the hospital accounts suggest that, at times, shrouds were fashioned from material in the dead's possession, likely as a way to conserve the hospital's resources. Scribes commonly used the phrase "had one sheet for his/her burial" in records of death.⁶⁶⁵ Perhaps more tellingly, a scribe from 1423 noted that, on 16 March, Catharina Raynbauda had one of her robes for burial.⁶⁶⁶

The dead were buried in the cemetery at Notre-Dame-des-Accoules the day that they died. Procession to the cemetery played a key role in the ritual of death. The Rule negotiated on 15 July 1399 by Antoine Crota and Jean Ricau, rectors of the hospital,⁶⁶⁷ required the *soeurs*, *frères*, *donats*, *donadas*, and all others of the hospital to accompany the bodies of the dead to the

⁶⁶¹ According to the modern equivalencies defined by Pansier, this converts to 85.89 m.

⁶⁶² 1 HD E 40, f. 61r: *Item premier. A viiii comprat de sen jacme arcan de telas per far suaris als mors et per far de sacs de saumadas e per far de berroyes que am montant razon de ii gr. 3 per canas que son canas xlviii e iii pals...lib. xvi s. i d. iiiii.* It seems that, occasionally, they paid others to do this work. In 1371 ((1 HD E 17, f. 36v), for example, they used income from rents to pay for the fabrication of shrouds: *Item. cobrem del eres d'elias bochon per sensa con apar en [blank] cartas per i ostal que es als escas e dem ho en paga a jacme andrieu per suaris...lib. iii s. iii/ Item. cobrem de johan banier per sensa d'un ostal als escasque fon de bocaran con apar en lxxxxvi cartas e dem ho en paga al dig jacme per los suaris...lib. iii s. iiiii.*

⁶⁶³ For example, 1 HD E 43, f. 81v: *Item. die xxix novembris solvi dicte Colette lavatrici pro xx linteaminibus et tobalias quator et aliis pannis in totum numero triginta expendi grossos quinque...gr. v*

⁶⁶⁴ Chiffolleau, *La comptabilité de l'au-delà*, 118.

⁶⁶⁵ For example, 1 HD E 30, f. 21r: *Item. lo jorn dich mori frances barbier hac i lansol per son cebelir.*

⁶⁶⁶ 1 HD E 34, f. 80r: *Item. dijovs a xvi de mars donna Catharina Raynbauda portet i de sas raubas a son cebelir.*

⁶⁶⁷ These names are identified by Augustin Fabre, according to the charter; the accounts from this year, however, identify Isnard Ricau and Guilhem de Cavallhon as the rectors.

cemetery, though it is clear that the practice predates the Rule.⁶⁶⁸ An entry from 1349 reveals that the chaplain of the chapel of the Magdalen at Notre-Dame-des-Accoules was also obliged to accompany the dead of the hospital.⁶⁶⁹ It seems that the obligations of those who processed were primarily spiritual, as, in the mid-fourteenth century, the hospital hired men to carry the bodies to burial.⁶⁷⁰ Those processing bore candles. In 1365, the hospital purchased one pound of wax candles which the women carried when *fraire* Juerg was buried,⁶⁷¹ and, in 1410, two candles to accompany bodies to burial; together, they weighed five pounds.⁶⁷² Wound in their shrouds, the processing dead were carried on a litter (*lichiera*)⁶⁷³ and draped in a more ornate cloth (i.e. a pall). Around 1357, Uguia Montanha bequeathed such a cloth, made of red silk and bearing inscriptions and the arms of the Montanha family, which was intended to cover the dead as they were borne to the cemetery.⁶⁷⁴ The inventory from 1367 contains no mention of the ornate cloth from the Montanhas, but does include a cover bearing the arms of Saint-Esprit that was intended to cover the dead.⁶⁷⁵ That confraternities, similarly, draped their dead in a sheet bearing symbols of their affiliation suggests that such objects served as symbols of belonging and, in this way,

⁶⁶⁸ *Item volem que si en lo dich espital a nengun cors que totz quantos son en lespital frayres sores donats donadas e totz autres que per lo sacramental sian tengutz dacompanahr lo cors tro a la sebourtura.* Fabre, *Histoire des hôpitaux et des institutions de bienfaisances*, I, 69-70.

⁶⁶⁹ 1 HD E 11, f. 114v: *Item. monsen joan blazin layxet i capellania a nostra dona de las acolas a la macdelena.../Item. lo capellan qui* [1 word illeg.] *la capellania sia tengut acompanyar las cors mortz del espital.*

⁶⁷⁰ 1 HD E 13, from 1365, contains several examples of this; an entry on f. 56v, for example, reads: *Item. mais que dem als homes que porteront i home a la fossa a vi fevrier...quosteron...lib. ii s. viii d..* An entry from 20 November 1398 (1 HD E 21, f. 84v), similarly, reads, “*Item. aquel jorn paguiey per aquellos que porteront peyre de sent al semeteri...ii s.*”

⁶⁷¹ 1 HD E 15, f. 52r: *Item. que bailem per i lib. de quandelas de siera que porteront las donas quant sebelin fraire juerg...lib. s. viii d.* The reference in this entry to the women, only, presents the possibility that processing with the dead, despite the prescription of the Rule, was gendered female. It is equally possible, however, that, at this particular time, there were only women serving the hospital.

⁶⁷² 1 HD E 28, f. 91r: *Item. aquel jorn compriei ii sires per acompanyar los cors a sebelir que pezanam am dos v lib. a ii gr. la lib. montan x gros...i lib. viii s. viii d.* The inventory from 1350 similarly itemizes two candles to accompany the dead bodies: *Item. ii sires per acompanyar las cortz mortz* (1 HD E 11, f. 122r).

⁶⁷³ Two *licharias* *danar quere mors* were found, in 1365, in the room of the hospitaller, *fraire* Johan. 1 HD E 16, unfoliated.

⁶⁷⁴ This is discussed, also, in Chapter Two.

⁶⁷⁵ Also found in the inventory of moveable goods, in the room of the hospitaller, *fraire* Johan, the cover is described simply as *i cubertor an las armas de sant sperit ha hanar quere los mors*. 1 HD E 16, unfoliated.

created a community for those who bore them.⁶⁷⁶ While we do not know the route of the procession, given the proximity of the hospital to the church, we can imagine that it was short. According to Chiffolleau, testaments in the Comtat prioritized the number and nature of individuals participating in the procession more than its route; the cortege “en allant directement de la maison mortuaire au cimetière remplit pleinement sa fonction rituelle. Il n’est donc pas nécessaire de passer par l’église pour théâtraliser cette separation; il suffit aux vivants d’accompagner le mort de son ancienne à sa nouvelle demeure.”⁶⁷⁷ Unlike other kinds of processions, then, it was more the spiritual function and than the spectacle that mattered. Social dislocation rendered vulnerable the souls of those who lacked a community to pray for them. The hospital’s provision of a funerary procession for its dead underscores the fundamentally social roots of the need from which the poor suffered. Salvation of one’s soul depended on a community of the living who could pray for them; in accompanying the dead in procession, the members of the hospital acted “comme une escorte, une milice chargée de défendre leur âme contre les dernières agressions des esprits malins. C’est le nombre et l’ambulance près du cadavre qui comptent, beaucoup plus sembe-t-il que la récitation des prières et des litanies.”⁶⁷⁸

The procession ended at the grave, dug that day by an individual hired by the hospital for this task.⁶⁷⁹ Chiffolleau speculates that, although the rapidity with which the dead were buried may reflect a clerical concern to limit customs incompatible with Christian beliefs (feasts, dances, etc.), it is equally likely that the impetus for a quick burial derived from the laity; the corpse “est enterré au plus vite, pour des raisons sanitaires évidentes, surtout pendant les chaleurs

⁶⁷⁶ Chiffolleau, *La comptabilité de l’au-delà*, 129.

⁶⁷⁷ Chiffolleau, *La comptabilité de l’au-delà*, 128.

⁶⁷⁸ Chiffolleau, *La comptabilité de l’au-delà*, 252.

⁶⁷⁹ 1 HD E 37, f. 90v: *fon sebelit terrin lo giponier disapte a x de nove[m]bre mil cccc xxxi en lo sementeri de las aquoas/ Plus. ay pagat per lo dig terrin lo giponier p[er] farfar la fossa...gr. i.* 1 HD E 43 is replete with examples of gravedigging in 1449-1450, when to *faciendo foneam pro sepelliendo* a body cost 1 gr. 4 p.

de l'été, mais aussi sans doute à d'une conception 'contagioniste' de la mort profondément enracinée dans les mentalités. Le défunt est un hôte gênant dont il faut se débarrasser au plus vite."⁶⁸⁰ It is difficult to reconstruct the stages of the death ritual that transpired graveside. Funerals are mentioned only rarely and only in passing in the accounts. In 1365, Nicolla de Trapena, who died in the hospital, had in her robe 1 *lib.* 6 *s.* 8 *d.* for her funeral.⁶⁸¹ In 1449, candles were purchased for the funeral and burial of *magister* Antoni Nicolini.⁶⁸² Light played a constant role. It was provided by a customary twelve candles – four large, eight small⁶⁸³ – and by the two torches kept in the men's hospital "to serve the dead and the sick;"⁶⁸⁴ both the candles and the torches may have served, also, in the procession. Masses (*cantar*) appear to have been reserved for the members of the regular household. Bodies would have been placed directly in the consecrated ground of the cemetery of Notre-Dame-des-Accoules; despite their growing popularity from the thirteenth century, coffins appear neither in the inventories nor in the expenditures of the hospital.⁶⁸⁵

⁶⁸⁰ Chiffolleau, *La comptabilité de l'au-delà*, 121.

⁶⁸¹ 1 HD E 14, f. 38r: *Item. despendem per nicolla de trapena que mori en l'espital ez agem en allcu rauba per sas ensegiar...i lib. vi s. viii.*

⁶⁸² 1 HD E 43, f. 84v: *Item. pro candelis quator magnis et octo parvis pro sepelliendo et faciendo obsequium dicto funeri solvi filio m. Antoni...gr. i p. iii.*

⁶⁸³ Only 1 HD E 43 contains references to these. As in the entry above, whenever a patient died, the hospital purchased *candelis quator magnis et octo parvis pro sepelliendo*.

⁶⁸⁴ 1 HD E 12, unfoliated: *torchas per servir mortz e malautz...ii.* An entry from 1434 (1 HD E 39, f. 75r) mentions the purchase from *sen Honorat Deoso per lo servisi de soterra o de cumenegar ii torchas a rasson de ii gr. 3 per lib. que an pesat lib.* [blank]. It is unclear if *servisi de soterra* should be translated as "service of the underground (i.e. cellar)," or as "service of burial."

⁶⁸⁵ According to Binski, "from the thirteenth century, it was becoming common to transport, if not bury, the corpse in a wooden coffin to the singing of the Penitential Psalms...Made-to-measure coffining was done at the deceased's house, whereas the ready-to-wear variety, for paupers, was rented. Corpses were manipulable and divisible for essentially practical reasons: graveyards were sites of recycling, and their earth and worms participated in a sacred ecology. For this reason the bones and skulls that litter medieval graveyard scenes are not signs of macabre neglect; they simply reflected the fact that coffins were used for transport and not burial." Binski, *Medieval Death: Ritual and Representation*, 55. Ariès identifies the Mediterranean as a space that resisted "the disappearance of the body;" although they accepted the wooden coffin, until the beginning of the twentieth century, the faces of the dead remained visible until the moment of burial. Ariès, *The Hour of Our Death*, trans. Helen Weaver, 168. According to Chiffolleau, the request for coffins in testaments from the Comtat begins to appear at the beginning of the fourteenth century in the region, but that it is not until the second half of the fifteenth century that such demands increase, *La comptabilité de l'au-delà*, 118-119.

For those with a living community in the Middle Ages, care for the soul did not end with burial. Absolution and commemoration played key roles in the spiritual wellbeing of the medieval dead. The marseillais Hospital of Saint-Esprit enacted both. The margins of inclusion in these rituals, however, are difficult to reconstruct. They, certainly, encompassed benefactors; the inclusion of patients is less clear. Both rituals transpired between All Saints Day (*lo jorn de tosans, la festa de totz santz*) on 1 November and the Day of Dead (*lo jorn dels mors*) on 2 November. Absolution was purchased. In 1410, the hospital gave 2 s. 8 d. in alms on the Day of the Dead for the absolution of the hospital's tomb.⁶⁸⁶ In 1416, they did likewise, paying 5 s. 4 d. "to have absolved the dead in the tomb that belongs to the hospital, in the cemetery of Notre-Dame-des-Accoules."⁶⁸⁷ On the Day of the Dead in 1435, the absolution for which they paid was more extensive; it acted upon "the dead in all the churches."⁶⁸⁸ Confusion on the margins of inclusion arises from the ambiguity of *los mors en vas que son del espital en lo sementeri de nostra dona de las acolass*. What was the nature of the tomb and who were the dead contained within it? Does the term *vas* refer to a physical structure, like a section of a chapel *inside* the church? We know that the hospital buried patients in freshly dug graves in the cemetery, which, if the term *vas* connotes a tomb inside a chapel, precludes their inclusion in the ritual of absolution. But the entry describes the tomb as being in the *cemetery* of the church. This spatial clue presents two possibilities: first, that the *vas* was a physical structure, like a charnel house, outside the church but inside the cemetery; second, that the term refers to a more artificial construction of space whose invisible borders demarcated the ground in the cemetery in which

⁶⁸⁶ 1 HD E 38, f. 91v: *Item. ay pagat per l'uferta del jorn dels morts per far absolver lo vas de l'espital i gr....lib. ii s. viii d.*

⁶⁸⁷ 1 HD E 30, f. 27r: *Item plus. per far absolve los mors en vass que son del espital en lo sementeri de nostre dona de las acolass...lib. s. v d. iiii*

⁶⁸⁸ 1 HD E 40, f. 71r: *Item plus per fa asolve los mors en tos las gleyas aisy....lib. s. viii*

the hospital buried its dead. In the first possibility, absolution would have extended only to patrons, who purchased such provisions through charitable bequests; only the second possibility would have absolved both patients and patrons.

The margins of commemoration are equally ambiguous. The ritual itself is clear enough. It revolved around light. To commemorate the dead in 1417, the hospital rented one torch to illuminate the chapel of Julian de Casals from Vespers on All Saints Day to the masses the following day.⁶⁸⁹ The following year, they rented two torches to illuminate the chapels of Julian de Casals and the Magdalen from All Saints Day to the Day of the Dead.⁶⁹⁰ Such broad references to commemoration of “the dead” leave open the possibility that the ritual encompassed patients as well as patrons. Only an entry from 1457 problematizes this possibility. Dated 3 November, it notes the payment of 8 s. 4 d. for a mass, the rental of one torch, an offering to the Fraires Minores, and candles “for the souls of *sen* Julian de Casals and for all the souls who founded the Hospital of Saint-Esprit, as is customary.”⁶⁹¹ The linguistic construction of commemoration in this final entry creates a tighter, more exclusive community limited only to those who contributed financially (and substantially) to the institution. None of the entries, however, clearly exclude the souls of patients from the commemorated community. The ritual at Santa Maria Nuova in Florence, furthermore, establishes a context that makes possible their inclusion. According to Henderson, at Santa Maria Nuova, the ward chapel was used for

⁶⁸⁹ 1 HD E 30, f. 27r: *Item. lo jorn dich ha despen per la comemoracion dels mors per qui es bens tenent l'ostal permitamens per logui e de gasc de i thorcha per aluminar la cappella de jolian de casels tant en lo jorn de tos sans a vespras cant lendeman a las messas...s. vi d. viii*

⁶⁹⁰ 1 HD E 31, f. 76r: *Item plus hay pagat a Turn de Ravelh apoticari per lo loguier de ii torchas el degall que foron encromar en la cappella de sen de casals e en la cappella de la magdalena a las acohas tant en lo jorn de tosans cant en lo jorn dels mors que mont tot...s. xvi*

⁶⁹¹ 1 HD E 45, f. 21r: *Item. a iiii de novembre ay pagat per far dur i messas a nota et per lo loguier de ia torcha et l'uferta als frayres menores et candelas per las armas de sen Jolian de Cazals et per totas las armas que am fondat l'espital de sant esperit. Coma es bona costuma...s. viii d. iiii*

commemoration of the souls of patrons *and* patients.⁶⁹² The questions of absolution and commemoration are significant in understanding the socio-religious function of the hospital, and the inability to demarcate their margins leaves a substantial gap in our reconstruction of rituals of incorporation at Saint-Esprit.

Paul Binski, drawing on Arnold van Gennep's theory of liminality,⁶⁹³ has illustrated the ritual of medieval death as the performance of a rite of passage. Preliminal rites included the performance of a mass for the moribund and the "ritually transformative act"⁶⁹⁴ of extreme unction. These were followed by the liminal rite of burial, which separated physically and symbolically – often, through motifs of passage like doorways and portals – the dead from the world of the living. Postliminal rites of funeral offices, masses, and commemoration were acts of reincorporation, "whereby the dead were successful installed into the afterlife and the mourners resided in temporal society, and so 'normality' was restored."⁶⁹⁵ The hospital of Saint-Esprit, by enacting these rites, provided passage from the community of the living to the community of the dead.

4.4 Conclusion

The Hospital of Saint-Esprit, like other medieval hospitals, served a vital function for the poor – both living and dead – in the port city of Marseille. Reyerson has noted that "...the Middle Ages were rife with networks that underpinned society and permitted it to function. A network of friends and family to sustain one, at all levels of society, was important, particularly among the poor and sick in a large medieval city."⁶⁹⁶ In the absence of these networks, individuals were vulnerable. Their vulnerability was - often inextricably – physical, spiritual,

⁶⁹² Henderson, *The Renaissance Hospital*, 179-180.

⁶⁹³ Arnold van Gennep, *The Rites of Passage* (Chicago: University of Chicago Press, 1960).

⁶⁹⁴ Binski, *Medieval Death: Ritual and Representation*, 30.

⁶⁹⁵ Ibid.

⁶⁹⁶ Reyerson, *Women's Networks in Medieval France*, xxiii.

and social. Sometimes, it arose from suspicion of those who lacked roots in the city, as the example of the linen thieves illustrates. Their crimes, of course, were serious, but all the more so because of their marginal status; as foreigners, they faced the possibility of hanging by a court that only rarely imposed blood sanctions. Generally, however, vulnerability was more mundane. It was a lack of physical and spiritual care born of a lack of money and community and bred by context and individual circumstance. While the records offer only glimpses at the latter, the former appears more frequently and more apparently. The historiography on poverty has established the role of urbanization in the creation of new categories of poor in medieval society. As a port city, furthermore, Marseille experienced a greater degree of transience than many other cities, a characteristic evinced by the frequency of sick mariners seeking care in the hospital. In institutionalizing the corporal works of mercy, the hospital of Saint-Esprit, much like confraternities, served as a kind of surrogate family for those who lacked a community or support in the city. They offered shelter and sustenance to the poor and tended to the bodies and souls of the sick.

Chapter 5: Wet nurses and the care of abandoned infants at Saint-Esprit

5.1 Introduction⁶⁹⁷

On 4 February 1398, a baby boy was left at the hospital of Saint-Esprit. The hospital named him Jacomini, purchased a white baptismal gown (*albola*) and candles for his baptism, and sent him to nurse with Jacmona Juliana, who lived behind Santa Clara; for the care she provided him, the hospital paid Jacmona 1 *lib.* per month.⁶⁹⁸ Unlike many of the other children for whom the hospital cared, the records do not reveal what became of Jacomini over the next two years of his life.

This example of care provided for an abandoned infant is just one among many in the accounts of Saint-Esprit. The entries, classified under headings such as “expenditures for wet nurses of the abandoned infants” (*mesions de bailas dels enfantz gitatz*),⁶⁹⁹ “the salary of the wet nurses who nurse the infants who the hospital nurses, for the love of God” (*lo selari de las bailas que noiron los enfantz que l’espital fa noirir per amor de dieu*),⁷⁰⁰ and “the wages of the wet nurses who nurse the infants of the hospital of Saint-Esprit” (*los loguies de las baillas guls noiron los e[n]fants del’espital de sant esperit*),⁷⁰¹ reflect the institutional respite that medieval hospitals increasingly offered for abandoned (and orphaned) children and their parents in the later Middle Ages. According to Daniel Le Blévec,

l’hôpital médiéval, en tant que maison-Dieu, c’est-à-dire maison des pauvres, est un organisme parfaitement adapté à l’assistance en faveur des enfants trouvés. C’est à sa porte que les nouveau-nés non désirés sont déposés furtivement, généralement pendant la nuit. C’est à ses responsables qu’on vient apporter ceux qu’on a recueillis dans les rues ou sous le porche des églises. C’est entre ses murs que naissent les bébés des pauvres

⁶⁹⁷ Sections of this chapter appear in “La valeur du travail de *care*: les nourrices à l’hôpital marseillais du Saint-Esprit (1306-1457),” trans. Christiane Klapisch-Zuber, *Clio: Femmes. Genre. Histoire* 49, Travail de care (2019): 43-65.

⁶⁹⁸ 1 HD E 21 (f. 94r): *Item. aquel jort paguien per l'albola e candelas per far bateiar i filhet que fon gitat aquest jort...i s./ Item. aquel jort a sermeron los senhors i bayla per lo dich filhet lo cal a nom jacomini e a la bayla a nom jacmona juliana que esta detras santa clara e deu gasanher cascun mes i franc e ay la pagada per i mes...i lib. s. d.*

⁶⁹⁹ 1 HD E 9, f. 47r.

⁷⁰⁰ 1 HD E 17, f. 55r.

⁷⁰¹ 1 HD E 25, f. 36.

femmes, vagabondes, pèlerines ou prostituées reçues au moment de leurs couches. Souvent incapables de repartir en emportant avec elles le fruit de leurs amours illégitimes, elles le confient alors à l'établissement.⁷⁰²

In late medieval Marseille, the hospitals of Saint-Esprit, Saint-Jacques-des-Galices, and the Annunciation provided spiritual and material care for these abandoned children.⁷⁰³ They took them in, ensured their baptism, clothed them, and entrusted their care to a nurse in (or around) Marseille.⁷⁰⁴

John Boswell has argued that infant abandonment was a common and accepted practice across Europe from late Antiquity through the early modern world, although its nature, regulation, and reception changed within shifting sociocultural frameworks.⁷⁰⁵ The records from Saint-Esprit suggest that Marseille was no exception. According to Boswell, pre-modern parents were not indifferent to the fate of their unwanted children. Rather than resorting to practices of infanticide, parents left unwanted children in public spaces, entrusting their fate to the “kindness of strangers.” Boswell suggests that, while the Christianization of European society assimilated many Ancient Roman practices of abandonment into the institutionalized framework of Christian charity,⁷⁰⁶ over time, it reformed others. It was Christianity “who composed and disseminated

⁷⁰² Le Blévec, “Sans famille. Orphelins et enfants abandonnés,” *Cahiers de Fanjeux 43: Famille et parentel dans la vie religieuse du Midi, XIIe-XVe siècle*,” 333.

⁷⁰³ The subject of care for abandoned infants in premodern Europe has received considerable attention in recent years. See, for example, Nicholas Terpstra, *Abandoned Children of the Italian Renaissance: Orphan Care in Florence and Bologna* (Baltimore: Johns Hopkins University Press, 2005); Carole Avignon (ed.), *Bâtards et bâtardises dans l'Europe médiévale et moderne* (Rennes: Presses universitaires de Rennes, 2016); Maria Clara Rossi and Marina Garbellotti (eds.), *Adoption and Fosterage Practices in the Late Medieval and Modern Age* (Rome: Viella, 2015).

⁷⁰⁴ My efforts to include these other hospitals in my analysis met with little success; the records that would contain such entries for the hospital of St. Jacques de Galices are missing; those for the hospital of St. Lazare were not in circulation.

⁷⁰⁵ Boswell, *The Kindness of Strangers: The Abandonment of Children in Western Europe from Late Antiquity to the Renaissance* (New York: Pantheon Books, 1988).

⁷⁰⁶ Boswell describes, for example, how “most early medieval forms of abandonment were variations on themes familiar from the ancient world; churches replaced civic buildings or columns in the forum as preferred locations for leaving infants...; laws about abandonment and reclamation were selected and adapted from Roman precedents to meet new circumstances and exigencies...” Boswell, *The Kindness of Strangers*, 265.

new rules for exposing, selling, and rearing children, she who undertook to facilitate the finding of new homes for *expositi* through churches and parish organizations, and she who created ... a system of caring for them (oblation...) in which they were at no social, legal, or moral disadvantage because of their abandonment.”⁷⁰⁷ But it is also, in part, to Christianity that Boswell attributes the rise in abandonment during the thirteenth century, which saw “the creation of new categories of illegitimacy through church legislation on marriage and clerical celibacy.”⁷⁰⁸ Despite Boswell’s suggestion that this broader definition of illegitimacy might, in part, account for increased rate of abandonment, however, there is little evidence in the hospital records to suggest that abandoned infants were *ipso facto* considered illegitimate.⁷⁰⁹

The thirteenth century witnessed not only a redefinition of illegitimacy, but also the establishment of charitable institutions (often hospitals) that specialized in the care of orphaned and abandoned children. The growing popularity of this practice suggests the possibility that rising rates of abandonment, while likely affected by new conceptualizations of illegitimacy and the fall of oblation into disfavour, are artifacts of reporting. The institutional concerns of these charities rendered abandoned infants visible to historians through the careful recording of the cost of their care. Historians long localized the earliest of these institutions in the Midi, maintaining such care to be the particular vocation of the Order of Saint-Esprit, established in Montpellier at the end of the twelfth century by Guy de Montpellier. In his 1838 monograph on infant abandonment in Europe, for example, Bernard-Renoît Remacle states that “Frère Guy fonda à Montpellier, antérieurement à 1188, un hospice qu’il plaça sous l’invocation du Saint-

⁷⁰⁷ Boswell, *The Kindness of Strangers*, 184.

⁷⁰⁸ Boswell, *The Kindness of Strangers*, 341. Boswell considers this “a less obvious but far-reaching cause” that acted in combination with “simple overpopulation” and the increasing criticism of oblation to explain why “if, as the thirteenth century wore on, Europeans gave up fewer children to the service of God, they surrendered more and more of them to the kindness of strangers” (322).

⁷⁰⁹ The question of illegitimacy will be discussed in more detail in the section, below, on possible motivations for abandonment.

Esprit, et dans lequel il recevait les hommes malades et les enfans exposés.”⁷¹⁰ The association of this region with the earliest institutionalized care for abandoned infants can be found through the end of the twentieth century; Michel Mollat, for example, concluded that “le Midi paraît s’être préoccupé du sort des enfans trouvés un siècles plus tôt que le Nord.”⁷¹¹

The works of Leah Otis and Daniel Le Blévec on infant abandonment in the Midi, however, have proven this association to be inaccurate. According to Otis, there is no documentation surrounding its creation that indicates that the order was, from the beginning, intended to care for abandoned infants. Rather, the first reference to infants is made in the Rule of the order, the oldest record of which is not dated, but is likely before the rule of Pope Boniface VIII (1294-1303).⁷¹² According to Otis, the first documents to reference a specialized care for foundlings was Italian, not Languedocien. As the work of Richard Trexler has illustrated, these institutions existed in Florence (the hospital of Santa Maria de San Gallo) at the end of the thirteenth century,⁷¹³ as they did in Rome. Otis suggests that the historiographical tradition that associates the Order of Saint-Esprit with the earliest institutional expressions of care for foundlings arose from myth.⁷¹⁴ Herlihy recounts this myth in his essay, “Medieval Children”:

Instructed by a dream, Innocent [III] one day ordered fisherman to cast their nets into the Tiber. The men hauled in from the waters the bodies of 87 drowned babies and, after a second effort, 340 more. The shocked pope thereupon endowed the hospital of Santo Spirito and commissioned it to receive the unwanted babies of Rome. The legend is today celebrated in fifteenth-century frescoes which adorn the still-standing hospital of Santo-Spirito. The story is without historical foundation, but illuminates the novel sentiments toward foundlings which to prevail at Rome, not in the thirteenth but in the fifteenth century.⁷¹⁵

⁷¹⁰ Bernard-Renoît Remacle, *Des hospices des enfans trouvés: en Europe, et principalement en France, depuis leur origines jusqu’à nos jours*, 34.

⁷¹¹ Mollat, *Cahiers de Fanjeux* 13: *Assistance et charité* (1978): 408.

⁷¹² Otis, “Les ‘pauvres enfans exposés’ à Montpellier aux XIV^e et XV^e siècles,” *Annales du Midi* 105 (1993): 310.

⁷¹³ Richard Trexler, “The Foundlings of Florence,” *History of Childhood Quarterly* # (1973): 259-284.

⁷¹⁴ Otis, “Les ‘pauvres enfans exposés’ à Montpellier,” 310.

⁷¹⁵ Herlihy, “Medieval Children,” in *Women, Family, and Society in Medieval Europe*, 233 (Providence: Berghahn Books, 1995).

Daniel Le Blévec has similarly disproven this association in his article “Sans famille. Orphelins et enfants abandonnés.” According to Le Blévec, “les fonds archives relatives à l’hôpital du Saint-Esprit de Montpellier comme du reste celles, peu abondantes, des autres maisons méridionales rattachées à l’ordre, ne contiennent aucune mention spécifique sur l’accueil des enfants.”⁷¹⁶ Furthermore, funerary archeology in Montpellier has found no infant skeleton for the thirteenth century at the original site of the hospital, although the archaeological work did uncover several graves of infants and of infants buried with adults dating from the fourteenth to fifteenth century.⁷¹⁷ Le Blévec has concluded from this evidence that

On peut donc en déduire que des enfants, en même de très jeunes enfants, ont été reçus à l’hôpital du Saint-Esprit de Montpellier à la fin du Moyen Age, sans qu’on puisse pour autant affirmer le caractère préférentiel de cet accueil. Il paraît donc raisonnable de conclure provisoirement sinon sur le constat d’une réputation usurpée de l’ordre du Saint-Esprit dans le domaine de l’accueil des enfants exposés, du moins sur la nécessité de donner à cette activité des dimensions plus modeste qu’on ne l’a longtemps pensé, des dimensions somme toutes comparables à ce qui était réalisé dans la plupart des hôpitaux urbains du Moyen Age.⁷¹⁸

Le Blévec suggests that another piece of evidence from Montpellier is, however, even more telling: a bull from 22 June 1309 in which Clement V gives permission to a hermit, Jacques de Rome, to create in Montpellier an establishment intended for the reception of *infants pauperes et orphanos*. He concludes that “la création de cette maison pour les enfants malheureux dans la ville-mère de l’ordre du Saint-Esprit, est révélatrice. Elle tendrait à renforcer l’impression première qui se dégage de la documentation, à savoir qu’à l’origine, l’accueil des enfants

⁷¹⁶ Daniel Le Blévec, “Sans famille. Orphelins et enfants abandonnés,” *Cahier de Fanjeux* 43, *Famille et parenté dans la vie religieuse du Midi, XIIe-XVe siècle* (2008): 340.

⁷¹⁷ Le Blévec, “Sans famille. Orphelins et enfants abandonnés,” 341.

⁷¹⁸ Le Blévec, “Sans famille. Orphelins et enfants abandonnés,” 341, based on *Vestiges funéraires du haut Moyen-Age et Hopital medieval et modern du Saint-Esprit (place du 11 novembre 1918, Montpellier, Hérault)*, DFS de sauvetage urgent sous la direction d’Odile Maufas, 2 vol., Montpellier, AFAN-Coordination tramway 1999, 47-81.

n'entraînait pas dans les attributions privilégiées de l'hôpital de Gui de Montpellier."⁷¹⁹ This bull reflects what, according to Le Blévec, is a larger trend in the Midi at this time: the foundation of orphanages intended for the care of orphans and abandoned infants.⁷²⁰ He argues, further, that, "d'autres hôpitaux placés sous le vocable du Saint Esprit – tout en étant complètement indépendants de l'ordre fondé par Gui de Montpellier – se soient également attachés à secourir les enfants abandonnés est pure coïncidence. C'était le cas à Saint-Saturnin-du-Pont et à Arles."⁷²¹

The works of Otis and Le Blévec convincingly dispel the mythic association of the Order of Saint-Esprit with the specialized care of abandoned infants. The records from Marseille under consideration here, however, demonstrate that, despite its tenuous link to the Order of Saint-Esprit, care for abandoned infants was a principal (though not the only) vocation of the hospital under this invocation in Marseille.⁷²² The entries concerning the payment of nurses for the care

⁷¹⁹ Le Blévec, "Sans famille. Orphelins et enfants abandonnés," 342. This orphanage served children 'without family' until the mid-fourteenth century, when this care passed to the city consul, who placed infants in the care of hospitals under municipal administration, like Saint-Eloi and Saint-Jaume. See Leah Otis "Municipal Wet Nurses in Fifteenth-Century Montpellier," in *Women and Work in Pre-Industrial Europe*, ed. Barbara Hanawalt (Bloomington: Indiana State University Press, 1986), 83-93.

⁷²⁰ According to Le Blévec, similar institutions existed in other cities in the Midi, like Toulouse and Avignon.

⁷²¹ Le Blévec, *La part du pauvre: L'assistance dans les pays du Bas-Rhône du XIII^e siècle au milieu du XV^e siècle*, v. 2 (Paris : École française de Rome), 848.

⁷²² The hospital also received the sick and accommodated those who wished to fulfil a spiritual vocation, without taking vows, in exchange for social security. That the care of foundlings was not the sole vocation of this hospital in Marseille differentiates it from institutions whose sole concern was the care of orphaned and abandoned children, like the Ospedale degli Innocenti, founded in fifteenth-century Florence, and the foundling home founded by Jacques de Rome in Montpellier in 1309. It also differs from the situation in Montpellier after the Black Death, when a specialized institution ceased to exist, likely due, according to Otis, to the population decline caused by the plague, and the care of these infants fell to the city consuls, who either appointed a wet nurse independent of an institution, or entrusted their care to the Hospital of Saint-Eloi/ Notre-Dame, which was under their supervision. The Hospital of Saint-Esprit in Marseille, thus, resembles more closely hospitals like San Gallo in medieval Florence, which accepted foundlings alongside others in need of care. For Florence, see Gavitt, *Charity and Children in Renaissance Florence: The Ospedale degli Innocenti, 1410-1536* and Trexler, "The Foundlings of Florence, *History of Childhood Quarterly* (Fall 1973): 259-284. For Montpellier, see Otis, "Les 'pauvres enfants exposés' à Montpellier" and "Municipal Wet Nurses in Fifteenth-Century Montpellier," in *Women and Work in Preindustrial Europe*, 83-93 (Bloomington: Indiana University Press, 1986).

of foundlings are some of the most systematized and detailed of all of the entries.⁷²³ Though at times inconsistent, they generally detail the gender and names of the infants; the names of the nurses and, often, their husbands; where in Marseille they lived; for how long they cared for the infant; how much the hospital paid them; and, sometimes, the fate of the infant. With few exceptions, the entries do not reveal the names of the families who abandoned them, nor the motives behind their decision. From these details, both spoken and unspoken, emerge attitudes toward and evolving trends in infant abandonment and wet nursing in a late medieval city. Fluctuating figures, linguistic variations, and increasing salaries attest to a constant but variable practice of infant abandonment. This chapter explores these attitudes and trends within their overlapping social, charitable, and professional contexts. It walks through the process as it likely transpired, from founding to caring, to reveal trends in the practice of and response to infant abandonment in medieval Marseille, and how these changed over time. Finally, it considers the occupational evolution of wet nursing over the period under consideration, with particular focus on the effects of the Black Death on salary.

The entries concerning the care of abandoned infants are laconic, inconsistent, and fraught with linguistic ambiguities. Since this thesis is an English analysis of medieval Provençal records, the decisions made in translation play a significant role in conceptualizing the subject and analyzing the data. Thus, particular care has been taken to explain the English terms chosen to represent the Provençal of the records. In many cases, the terms fall short, either because of the ambiguity inherent in the records, or because of the lack of an English equivalent for a

⁷²³ The presence of these entries in the records of the Hospital of Saint-Esprit is well known to historians. Fabre has dedicated a chapter in volume one of *Histoire des hôpitaux et des institutions de bienfaisance de Marseille* to abandoned infants in the hospital's care, and Otis and Le Blévec have cited Fabre's conclusions in their own works on infant abandonment and wet nursing in the Midi. This chapter will present a systematic study of these entries in the 1 HD registers, and will acknowledge the entries that appear in Fabre's work.

Provençal term.

5.2 Reception and Care

Although the majority of infants who came into the care of the Hospital of Saint-Esprit were abandoned, some were placed in the hospital's care due to other circumstances, namely, the death or sickness of a parent. This section explores the reasons for the placement of an infant at Saint-Esprit, focusing, especially, on the motives for abandonment discernable in the records. It then considers the kind of care – both physical and spiritual – that the hospital provided before sending infants out to nurse.

5.2.1 Orphanhood, abandonment, and temporary care

The circumstances under which a child came into the hospital's care are, generally, difficult to discern. As Le Blévec has acknowledged, two circumstances could leave a child “sans famille”: orphaning and abandonment. Though both of these events could leave a child without family, they were distinctive social and juridical categories in the Middle Ages. Orphans, although they had lost their parents, could find in other family members “des protections suffisantes et des affections compensatoires qui peuvent atténuer ou soulager leur détresse”⁷²⁴ and, like widows, occupied a privileged status in Christianity throughout the Middle Ages. In the thirteenth and fourteenth centuries, they appear as recipients of charitable bequests, pious donations, and the care of civil and ecclesiastical authorities. According to Le Blévec, such texts often refer to orphans as *infanti pauperi et orphani*, *pupilli pauperi*, *pauperi pueri orphani*, or *pauperi orphani*; all terms employ the adjective *pauper* “comme caractéristique de la situation matérielle de ceux qu’elles désignent, justifiant ainsi la *caritas* dont ils doivent être l’objet dans la perspective chrétienne du salut, à l’instar de tous les autres *pauperes Christi*.”⁷²⁵ Unlike

⁷²⁴ Le Blévec, “Sans famille,” 331.

⁷²⁵ *Ibid.*

orphans, abandoned infants still had parents, “mais ceux-ci sont précisément la cause de leur malheur.”⁷²⁶

Despite the social and juridical distinctions between orphans and abandoned infants, the scribes of Saint-Esprit did not identify clearly the infants in their care. Many early entries refer to the child simply as *enfant*, with no discerning adjective. A chapter heading in the 1417 register refers to the *enfants gitas o autres de vila*,⁷²⁷ the “abandoned or other infants of the city.” While abandonment was likely the primary cause for the infants’ presence at the hospital, a small number of entries do suggest care for the “other” infants of the heading.

The hospital did, occasionally, take in orphans. In 1348, they contracted, for one year, Guilhem Quastillon, a schoolmaster, to teach Bertranon de San Chamas, the orphaned illegitimate son (*bastart*) of Thomas de San Chamas.⁷²⁸ Record of Thomas’ testament from 1342 appears briefly in the accounts of that year and, in more detail, in the *Thesaur del hospital de Sant Sperit*;⁷²⁹ from it, we know that Thomas left 400 *lib.* to Bertranon and all of his goods to the Hospital of Saint-Esprit, should Bertranon die childless.⁷³⁰ At the time that the hospital

⁷²⁶ *Ibid.*

⁷²⁷ 1 HD E 31 (50r). This heading is exceptional, but significant; the absence of any descriptive adjectives for the infants in many of the entries leaves open the possibility of the care for infants who occupied a status different than “*gitat*,” of which this heading provides further evidence.

⁷²⁸ 1 HD E 10 (unfoliated, under the chapter “*a mcccxlvi mesion de messages*”: *a xviii de mas avem fag covenant am maistre G. quastillon que ensenhan enfans per ensenhar bertranon de san chamas fil dey Thomas de san chamas a i an e devem li dar d’un an xvi s./ E daiso li avem pagnat que prese el a xxviii de mas...mo[ntan] viii s.* This register contains various expenses for the care of Bertranon. f.23r, for example, notes that Bertranon “*es en quostodia de Guilhem Blanc*,” while f.27r notes an expense for his shoes.

⁷²⁹ According to the 1 HD inventory in the ADBdR, 1 HD B 49 contains his testament. The entry in 1 HD E 9, f. 76v reads: *Item. Disapta a xxvii d’abrill en tomas de sant chamas que esta al palais a fag son testament e fa eres l’espital/ En johan lenguosta notari la fag l’an mcccxlvi lo jorn desus/ mori en tomas lo jorn de nostra dona de iiii en aost.*

⁷³⁰ Glessgen, *Lo thesaur del hospital de Sant Sperit*, 56: *Item, una carta de II pargamins ensemps gudatz, fach per la man de Johan Lengosta, notari de Maselha, l’an MCCCXLII a XXVII d’abril, contenen lo testament de Thomas de Sant Chamas, filh de Isnart de Sant Chamas dels dit luec, lo qual fes heres lo dich hospital; e layset a-Bertrannet, bastart sieu, CCCC libras; e si mori sens enfantz, substitui lo dich hospital; lo qual es senhada per...* And p. 78: *Item, una carta en lo qual son II pargamins, presa, escricha e senhada per la man de maistre Peyre Ameli, notari, l’an MCCCXLII a XIII de desembre; contenen las XII ll. e XVI s. e VI dr. de censals am lur maior senhoria, compradas per lo bastart de Thomas de Sant Chamas de Guilhem Folco, mercadier, quals servia la sobre dicha*

employed Guilhem Quastillon, Bertranon was in the custody of Guilhem Blanc, whose provision of care cost the hospital 3 *lib.*, paid from a rent received from *na* Biatris de San Felis.⁷³¹ An inventory from in the hospital accounts reveals that, in 1357, Bertranon had his own room in the hospital (*la cambra de bertranon de san chammas*), which contained a wooden bed (*lieg de fusta*), straw mattress (*basaga*), mattress (*matalas*), cushion (*coisin*), sheets (*lansols*), and three blankets (*flasadas*).⁷³² It is unclear why he was resident in the hospital in at this time, fifteen years after his father's death, as none of the preceding or subsequent inventories contain mention of this space. What is clear is that the hospital served a sort of guardian for Bertranon in the years following his father's death; although individuals outside the hospital were charged with his upbringing, the hospital administered his inherited estate through 1357. Registers from 1348, 1349, and 1357⁷³³ contain numerous references to rents and debts – many quite substantial – collected on Bertranon's behalf.⁷³⁴ Although the case of Bertranon de Sant Chamas is the most detailed, it is not the only example in the records of care for the child of a deceased individual. In 1404, the hospital paid a nurse for the care of the daughter of a slave of Anthoni Trota, who had died.⁷³⁵ These references, however, which make no explicit reference to orphanhood, are

Biatris de Sant Felis per VIII qrt de vinha a Lorri; en aquesta censa fon substituit l'espital apres la mort del dich bastart, mort sens enfans

⁷³¹ 1 HD E 10, unfoliated: *Item. a xv jors de mas avem pagat a sen G[uilhem] blanc per lo fil de tomas de sant chammas de so que imbert d'alba avia reseuput de la sensa que fa na biatris de san felis que li deman de resta de l'an passat...mon. iii lib./ lo qual enfant ese en quostodia de sen G[uilhem] blanc con guazier*

⁷³² 1 HD E 10, unfoliated.

⁷³³ 1 HD E 10-12.

⁷³⁴ A rather extensive entry on this subject appears in 1 HD E 12 (unfoliated): *Item. paguem a b[er]t[ranon] de san chammas p[er] i deute q[ue] li devia l'espital con avem vist en lo libr[e] de pelegrin bonpar e de sen himbert d'alba de l'an mcccxxxviii lib. qara[n]ta lib. xxxx e p[er] lo libre de joha[n] b[er]nat e de sen laurens tomas lib. vint lib. xx soma li devian q[ue] agron deu G. deques p[er] i vinha q[ue] pres az aqapte de b[e]rtrano[n] lib. lx las qals li avem pagat en xl emina de favas p[er] xxviii lib. xiiii e[n] alesi bonpar e jac[me] de la gleiza x lib. x s. en jacm[e] de mauzac viii lib. biatris holiva v lib. xviii s. iii d. lois stene vi lib. xii s. vi d. p[eire] jove iiiii s. soma li ave[m] pagat en favas ez en sensas las quite[n]t l'espital l'an mcccclviii a vii sete[m]br[e] fes la nota maist[re] felip gregori l'an des el jor[n]...lib. lx. s.*

⁷³⁵ 1 HD E 24 (87r): *Item. avem dat a la baila que deva lo seg[on] fatz p[er] la filha del esclovia d'antoni trota que mori...lib. s. i d. iiiii*

ambiguous and rare. It is not clear if the second parent in each case is also deceased, or if illegitimacy – noted only the case of Bertranon – played a more primary role in their need for care.⁷³⁶

Slightly more common was the temporary care of infants whose parents were sick and, often, receiving care at one of the hospitals in Marseille. Four of the eighty-eight infants (4.5 per cent) who appear in the records were placed in the hospital's care because a parent could not care for him/her due to illness. Two of these children had parents who were receiving care at Saint-Esprit. On 6 March 1340, the hospital hired Dousa Miquelesa to care for the son of Peire Ainbert, a sick man in the hospital⁷³⁷ and, in 1371, they hired a nurse for the daughter of a woman who had come to the hospital, and who eventually recovered.⁷³⁸ On two other occasions, the hospital contracted nurses to care for the infants of sick women at Saint-Lazare, the leprosarium. In 1417, they hired the wife of Johan de Paris, *eflorador*, to care for the child of the wife of Dousellon Sartre, *malauta a sant lazer*, and, in 1444, they hired the daughter of Maudela to care for the son of a woman *que esta a sant lazer*.⁷³⁹

The hospital also provided for the children of persons who were sick but not in the care of one of the hospitals. Ten entries from 1397, ranging from August to February, concern care for two girls whose father was a poor man from Beaucaire (*paure home de Belcaire*) and whose

⁷³⁶ In 1342, the hospital took in four older children : Guilhelmona (*d.*) and Blazana (*d.*), who were two-years-old; Berenguier, who was five years old; and Albozina (*d.*), who was four years old. 1 HD E 9 (48r-48v).

⁷³⁷ 1 HD E 8 (unfoliated): *Item. avem bailat a dousa miquelesa questa a malcosinar i enfant femel mascle ques es de peir ainbert malaute del'espital e pres lo a vi de mars... v s.*

⁷³⁸ 1 HD E 17, f.57r : *Bailora Ranca lacal sta davant G. Dejemenas a Sant Salvador noire i enfant local era d'una malauta que venc al'espital de que li dem pro noirir lo I flos que val xi gros... lib. i s. viiii d. iiiii/ lo maire de qui era l'enfant gari e cobret lo dig enfant en bairola serviso que avia agut*

⁷³⁹ 1 HD E 31, f.50r : *En premierament a x de mars hay bayllat a la molher de maystre johan de paris eflorador per commandament dels senhos rectos que fon per la molher de dousellon sartre maulata a sant lazer... i s. xii d.* Although the entry does not explicitly mention a child, it appears as the first entry under the *Capitol de despenses de bayllas per noyrir los enfans gitas o autres de vila en la dich regiment e en miii^cxvii*, which suggests that that which was “done” (*fon*) for the wife of Dousellon Sartre was the provision of care for her child.

mother was sick and at the house of Peiret Galon, though it is unclear if both children were in the care of nurses for the full seven months, since only one entry explicitly references “the second infant of the said woman who has two infants” (*lo segon enfant d’aquela que a las ii filhas*).⁷⁴⁰ The register from 1430 contains a second, less descriptive, case of a sick parent for whose child Saint-Esprit cared, and refers simply to the employment of Rabata to nurse Felipon while Johaneta was sick; the relation of Johaneta to Felipon, however, is unclear.⁷⁴¹ There is no indication, in either case, that the hospital expected compensation from the parents for the cost of their child’s care, as sometimes occurred at the Ospedale degli Innocenti in Florence.⁷⁴²

Instances of orphanhood or temporary care appear only infrequently in the records; the majority of infants in the hospital’s care were likely *enfans gitats*,⁷⁴³ abandoned infants. The first explicit reference to abandoned infants appears in 1333, in an entry for the total amount paid to the nurses for that year.⁷⁴⁴ While the reason for infants’ presences in the hospital remains ambiguous even after this point, scribes occasionally included the adjectives *gitat/ gitada* or the phrase *que fon gitat* when identifying the infant in a nurse’s charge. The chapter heading from 1337, for example, states, “Here are the expenditures which we have made in our regimen for wet nurses who nurse the infants who are abandoned at the hospital.”⁷⁴⁵ Scribes, also, sometimes included a record of founding, either independent or as a description of a financial transaction.

⁷⁴⁰ 1 HD E 19, f. 29v, 31r, 32r, 33r, 35r, 36v, 37v.

⁷⁴¹ 1 HD E 37, f.48r: *agut pagem per commandament dels senhors rectors sen. Johna de Jehrusalem e sen. bernart novel a rabata per lo sostenir de felipon cant johaneta era malauta agut pagem...fl. gr. v*

⁷⁴² Gavitt, *Charity and Children in Renaissance Florence: The Ospedale Degli Innocenti, 1410-1536*, 391.

⁷⁴³ Two registers have Latin chapter headings, both of which reference ‘abandoned infants’ in their sections concerning *baillas*: 1 HD E 28, from 1409, refers to *pueris mitrendis*, while 1 HD E 43, from 1449, refers to *infantes positos*.

⁷⁴⁴ 1 HD E 6 (unfoliated): *Soma que avem pagnat a las baillas que antenut los enfans gitat de sta maizon...xi lib. xv s.* Otis dates the first reference to 1337, when it appears for the first time in a heading; Otis, “Les ‘pauvres enfants exposés’,” 312.

⁷⁴⁵ 1 HD E 7, f.10r: *Aiso son las mesions que nos avem fag has en nostre regiment de baillas que noiron los enfantz que son gitats all'espital*

An entry from 1342, for example, simply states that, “on 30 April there was found at the hospital a male infant whose name is Bertranon,”⁷⁴⁶ with no financial transaction, while an entry from 1398 describes “a small girl who was abandoned to us,” for whose care the hospital hired the wife of Andrieu Clemens.⁷⁴⁷ Overall, scribes employed the term “abandoned” in only 29/385 (7.5 per cent) of the entries concerning these infants (although, in four of these cases, the term appears in a chapter heading), a figure that likely reflects scribes’ varying attention to detail, rather than varying circumstances by which the infants came into the hospital’s care.

Entries that do refer to abandonment are often silent on how and why this transpired. In the Middle Ages, parents who abandoned their infants often left them in public places – usually at the doors of a church or hospital – in the hope that they might be received by the “kindness of strangers.” Churches and foundling homes of the late medieval and early modern periods sometimes contained a *ruota* or *tour*, a rotating door that allowed parents to deposit their infants anonymously,⁷⁴⁸ or a grate, like at the hospitals of San Gallo and the Innocenti in Florence.⁷⁴⁹ The records from the hospital of Saint-Esprit rarely detail where in the city the infants were found. The chapter heading from 1337 refers explicitly to the “infants who were abandoned at the hospital,” and individual entries from various years, likewise, identify the hospital as the site of abandonment. One entry from 1342, for example, refers to “a male infant who is named Guilhelmon who was found abandoned beside the *caissier*,”⁷⁵⁰ while a second describes how they sent out to nurse “a female infant who was abandoned at the hospital who is named

⁷⁴⁶ 1 HD E 9, f.49v: *a xxx d'abrill fan gitat all'espital i enfant mascule loqual a nom bertranon*.

⁷⁴⁷ 1 HD E 21, f. 91v: *i petita filheta que nos fon gitada*.

⁷⁴⁸ Boswell, *The Kindness of Strangers*, 433.

⁷⁴⁹ See Trexler, “The Foundlings of Florence,” 266. According to Trexler, when the Ospedale degli Innocenti was founded, they installed a grate which limited the size of infants who could be deposited; older children were sent to San Gallo.

⁷⁵⁰ 1 HD E 9, 51r: *i enfant mascle que a nom Guilhelmon que trobem gitat de osta lo quasserier*

Margarida.”⁷⁵¹ This exception suggests that abandoned infants might be found elsewhere in the city and brought to the hospital, though most, as in Florence, were likely left at the hospital itself.⁷⁵²

Even more difficult to discern than the location is the motive for abandonment. A medieval parent might abandon an infant for several reasons, of which poverty and social shame were likely, according to Herlihy, the most common.⁷⁵³ Unlike the Hospitals of the Innocenti and San Gallo in fifteenth-century Florence, however, the Hospital of Saint-Esprit in Marseille did not interrogate the bearer of the infant, a practice which has made it, for historians of these Florentine institutions, “not at all difficult to reconstruct the moment of abandonment, by turns poignant or horrifying, nor is it difficult to identify the range of motives that led parents to abandon in the first place.” According to Gavitt, “the historian owes no small debt to the scribes and doorkeepers of the Innocenti, who, if the child’s bearer did not flee, assiduously extracted as much information as possible about the circumstances of abandonment.”⁷⁵⁴ These interrogations revealed that parents (whose names were often provided) might abandon an infant to the hospital due to poverty, illegitimacy, illness or the death of a spouse, remarriage, or disability.⁷⁵⁵

Like Herlihy and Klapisch-Zuber in their study of the Florentine *catasto*, Gavitt and Trexler argue that the circumstances surrounding abandonment illustrate that the decision was not necessarily synonymous with a lack of parental affection toward infants. Rather, letters left

⁷⁵¹ 1 HD E 9 49v: *i enfant femel que fon gitat al'espital que a nom marguarida*.

⁷⁵² Trexler, “The Foundlings of Florence,” 264. Trexler notes that, “with rare exceptions, even true foundlings were discovered in front of a shop or upon an altar, or at the door of a country hospital. Desertion to fortune, by a ditch or the river, was most uncommon.”

⁷⁵³ Herlihy, “Medieval Children,” 226.

⁷⁵⁴ Gavitt, *Charity and Children in Renaissance Florence*, 370.

⁷⁵⁵ Gavitt, *Charity and Children in Renaissance Florence*, 376-381. On pg. 274 of “The Foundlings of Florence,” Trexler provides a summary table of the motives for abandonment at San Gallo from 1430-1439; his broad categories (which are further broken down) for analysis are: inability to support, societal norms, and mixed justification of support and societal norms.

with the infants frequently reveal deep affection toward them and ambivalence toward their decision to leave them.⁷⁵⁶ Furthermore, parents sometimes returned to reclaim their children; Gavitt has found that, in 1452, 26.7 percent of children were returned to their parents.⁷⁵⁷ Abandoned infants were sometimes left with a “counter-sign,” which could be an object or drawing, so that a parent could easily identify them in the event of reclamation; the scribe copied both drawings and objects in his record of the infant.⁷⁵⁸ The prevalence of this practice suggests that the hospital sometimes served as a temporary respite for parents who were unable to care for their child at a particular moment, but who hoped to in the future. Though the marseillais scribes rarely recorded the reclamation of an infant, an entry from 1332 reveals that it was an option available to parents. On 3 January, the hospital placed Alazeta in the care of Thomaza Collina in Aubagne; two months later, however, the hospital returned the baby girl to her mother, who lived in the Puyloubier.⁷⁵⁹

The evidence from the Florentine records helps to shed light on possible motives for abandonment at Saint-Esprit in Marseille, whose laconic entries illuminate little on the subject. The scribes hint at two reasons for abandonment: illness and illegitimacy. The examples, above, of the hospital’s provision for the infants of sick persons reveals that parents might *temporarily* abandon the care of their children to the hospital as a result of inability to care for them at that moment. When the mother of the infant for whom Bailora Ranca cared in 1371 recovered, she reclaimed her infant.⁷⁶⁰ Furthermore, four of these five cases involve mothers who were sick and,

⁷⁵⁶ See Gavitt, *Charity and Children in Renaissance Florence*, 376-386; Trexler, “The Foundlings of Florence,” 271-273.

⁷⁵⁷ Gavitt, *Charity and Children in Renaissance Florence*, 395.

⁷⁵⁸ Gavitt, *Children and Charity in Renaissance Florence*, 371.

⁷⁵⁹ 1 HD E 5, f.77r: *ave[m] baillat a tomaza quollina a moller d'olivier claibert i e[n]fant femell q[ue] a no[m] allazeta ez esta e[n] la quariera d'albans ez es paguada d'un mes e far a iii de ginoier agut...v s./ Item. mais li done[m] a iii de fevrier...v s./ rendet l'enfant a sa maire q[ue] es de puelllobier*. Appears in Fabre, *Histoire des hôpitaux*, vol. 1, 385-386.

⁷⁶⁰ 1 HD E 17, f.57r.

in two of the cases, mention is made of the fathers: the entry from 1394 notes that the father of the two girls was a “poor man from Belcaire,”⁷⁶¹ and the entry from 1444 refers to “the wife of Dousellon Sartre.”⁷⁶² Such entries might support Gavitt’s conclusion that “fathers seemed incapable of or ill-suited to the task of raising children in the mother’s absence.”⁷⁶³ As Gavitt notes, nursing infants might, in part, account for a father’s inability to care for his infant in its mother’s absence, since, in at least one case, the father was known to be poor and likely unable to afford the cost of a wet nurse; “yet this still begs the question of the absence of support from any kind of extended family structure.”⁷⁶⁴ The case of Jacme del Caros, future swineherd (*porquier*) of the hospital, illustrates how the hospital might assist a father in the absence of these structures. The record, entitled “*la razo de Jacme*” and taken on 8 October 1408, describes the notarized act for the installment of Jacme as the swineherd of the hospital. According to the record, one year earlier, on 26 October 1407, the infant daughter of Jacme, Aicardeta, was abandoned; during that year, the hospital provided for her care, sending her out to nurse. Now, one year later, the hospital is hiring Jacme as the swineherd of the hospital for four years, promising to pay him 12 florins per year and “to shoe, clothe, and nourish” his daughter Aicardeta (*caussar e vestir e noyrir la dicha filha*) for those four years. The hospital also paid for the cloth needed to clothe Jacme.⁷⁶⁵ We find Aicardeta in the previous register, among the other abandoned infants for whom the hospital cared. These entries reveal that the hospital upheld its agreement with Jacme; Catarina Polhana nursed Aicardeta from October 1408 to September 1409, and the hospital paid her 22 florins per year.⁷⁶⁶ Though we do not know what happened to

⁷⁶¹ 1 HD E 19, f.29v

⁷⁶² 1 HD E 31, f.50r

⁷⁶³ Gavitt, *Charity and Children in Renaissance Florence*, 378.

⁷⁶⁴ Ibid

⁷⁶⁵ 1 HD E 26 (89r). *I will provide a transcription of this record, as well as of the entries concerning Aicardeta’s nursing from 1 HD E 25, in an appendix.*

⁷⁶⁶ 1 HD E 25 (37r)

Aicardeta's mother, her father, Jacme, unable to provide for her, abandoned her; when the hospital learned this, they provided Jacme with an arrangement that allowed him to support both himself and his daughter. The narrative of Jacme and Aicardeta suggests poverty as the primary motive for abandonment and illustrates how the hospital could provide a form of socio-economic support for families with few alternatives. Such support might even serve as an alternative to abandonment; in 1363, for example, the hospital gave 16 s. to a pregnant woman in the city who was poor and sick (*i paura jacuda quez era en villa e malauta*) to help pay for milk for her baby (*per ajudar a pagar per lo lag que dona a l'enfant*).⁷⁶⁷

The entries from Saint-Esprit in Marseille suggest that a parent, or parents, might also abandon an infant conceived in an illegitimate union. Trexler identifies illegitimacy as the primary motive for abandonment in Florence, outside of periods of personal or environmental crisis; he notes that, "of the first 100 entries to the Innocenti, for example, only one child can be definitely described as legitimate."⁷⁶⁸ Among this number were children of slave women whose fathers were freemen, and those resulting from illegal unions.

Boswell identifies a rise in the number of illegitimate children through the high and later Middle Ages, which he attributes to several factors. Urbanization and the greater possibilities for prostitution, concubinage, and casual sexuality that accompanied it contributed, in part, to this increase. According to Boswell, however, "another less obvious but far-reaching cause was the creation of new categories of illegitimacy through church legislation on marriage and clerical celibacy."⁷⁶⁹ In an effort to dissuade the clergy from producing offspring, the Church declared their children slaves and forbade their entrance into religious orders or ecclesiastical offices.

⁷⁶⁷ 1 HD E 13 (65r)

⁷⁶⁸ Trexler, "The Foundlings of Florence," 270.

⁷⁶⁹ Boswell, *The Kindness of Strangers*, 341.

Amongst the laity, the new, more restrictive rules of consanguinity extended to blood, marriage, and spiritual affinity, and meant that children of previously accepted unions might now be declared illegitimate if the degrees of separation were too few. Although “Church and civil law were unanimous in requiring one or both parents to take responsibility for illegitimate offspring,”⁷⁷⁰ the number of illegitimate infants recorded in the accounts of hospitals like the Innocenti in Florence illustrates that this was not always the case.

Illegitimacy as a motive for marseillais parents is evident in the scribes’ occasional use of the term *bastart/bastarda*. In the absence of any qualifying narrative, however, the deliberateness of this term is, at times, difficult to discern. Such terms are used to refer explicitly to only six infants throughout the series, and appear in three contexts: to refer to all of the infants in the hospital’s care in a given year, to refer to some of the infants of the hospital’s care in a given year, and to refer to infants whose fathers are known. In the first context, it is difficult to discern whether the infant was known to be illegitimate, or whether the scribe was simply synonymizing abandonment with illegitimacy, a practice which reflects either the ambiguity of the term itself, or the prevalence of this motive in practice. The second context, though still ambiguous, suggests a more intentional distinction, since scribes usually used the same term consistently to refer to the infants in the hospital’s care. Only the third use of the term, however, provides a definitive illustration of illegitimacy. Several entries from 1457 refer to “*lo bastart Folquet*” and “*lo bastart Honorat*.”⁷⁷¹ Similarly, in 1398, the scribe referred to “the bastard” of M. Jacques de Brandis (*lo bastart de Mes. Jacme de Bla[n]dis*), a prominent citizen of Marseille.⁷⁷² We might

⁷⁷⁰ Boswell, *The Kindness of Strangers*, 345.

⁷⁷¹ 1 HD E 45

⁷⁷² 1 HD E 21, f.97v. There is no evidence in the records of donations or payment from the fathers of these children; though we cannot reach definitive conclusions by absences, this does suggest that known fathers, not even those with means, were expected to provide for their abandoned infants.

conclude that a known father, even one with means, would not be expected to contribute to the care of illegitimate children. This reference, however, also reveals the general inability of linguistic analysis to account for the motives behind abandonment. This same infant appears many times in a register from the previous year, but is referred to only as “*lo filh de Mess. Jaume de Brandis*.”⁷⁷³ And in this same register appear provisions for the daughter of Johan de Torenes (*la filha de Joan de Torenes*).⁷⁷⁴ That the fathers are known in all three cases suggests that they were conceived in illegitimate unions, despite the absence of terms like *bastart*/ *bastarda*. The infrequency and inconsistency of these terms, thus, make it difficult to identify illegitimacy as a motive for abandonment in Marseille.⁷⁷⁵

Perhaps more revealing than language and narrative are the rates of abandonment from year to year, which suggest widespread famine and financial crisis as motives for abandonment. The hospital took in foundlings in varying numbers between 1306 and 1457. ⁷⁷⁶ The highest rates of abandonment appear in the first half of the fourteenth century, with the years 1332-1333, 1333-1334, and 1342-1343 witnessing rates at least 100 percent higher than in the years between 1348 and 1434 (see Figure 5.1). These high rates of abandonment correspond with a series of subsistence and financial crises endured by Marseille in the first half of the fourteenth century.

⁷⁷³ 1 HD E 19, f.28v, 29r, 30r, 31r, 32v, 35v, 36v, 37v.

⁷⁷⁴ 1 HD E 19, f.28r, 28v.

⁷⁷⁵ It is unclear whether the fathers reimbursed the hospital for their care, though it seems like a possibility in the case of “*bastart Folquet*,” for whom a (comparatively) significant amount of money was spent on material necessities like food, clothing, and shoes.

⁷⁷⁶ The lack of detail in some registers makes it difficult to reach definitive conclusions; when a scribe failed to provide the names of the infants, it is impossible to discern the number of infants in their care, since the same infant might receive care from more than one nurse in a year. The graph below thus provides the figures for years for which the number of infants is certain. The absence of quantifiable data between the years 1364 and 1405 obscures the extent of the care provided during this period and reflects the inconsistency with which scribes recorded the names of the infants in the hospital’s care. The seven registers from this period that do refer to care for abandoned infants contain some of the highest number of entries of all the registers; 1 HD E 21, for example, contains 35 entries. Though the ambiguity of the entries makes it impossible to analyze the significance of such figures, we can calculate that the amount spent on wet nurses in that year was lower than in 1363, even though salaries remained consistent; this suggests either that infant mortality was significantly higher than in other years, or, more likely, that infants were passed between nurses more in that year than in other years.

Prior to this period, Marseille had enjoyed prosperity as one of the primary commercial ports of the Mediterranean world. According to Baratier, however, its involvement in the War of the Sicilian Vespers and various naval battles at the end of the thirteenth century diminished its naval force and detracted attention from its commercial interests. The abandonment of the ports in Egypt and Syria after the Siege of Acre led Christians to seek spices and other products in the ports of Constantinople and the Black Sea, while, in the West, the direct trade routes established between the Italian, Flemish, and English ports by the Strait of Gibraltar reduced traffic in the Rhone Valley. Moreover, the installation of the episcopal court in Avignon attracted Italian merchants to the papal city and further diminished Marseille's role in the commercial world.⁷⁷⁷

The financial crisis created by Marseille's diminished presence in the commercial world was accompanied by a series of famines that persisted throughout the first half of the fourteenth century. Deliberations from the municipal council during these years reveal the direness of the city's situation. In an attempt to provide for its citizens in the face of famine and financial crisis, the city forbade the exportation of wheat and the importation of wines, one of their primary exports. On 3 August 1319, for example, the council issued a decree forbidding wheat, flour, vegetables, and other essential foods from leaving the city⁷⁷⁸ – a decree they would issue in the vernacular repeatedly in subsequent years – and, on 5 October of that same year, the magistrate (*viguier*) joined twelve members of the municipal council in a search for the wheat their city needed.⁷⁷⁹ In 1322, they monitored shops that sold wheat to ensure that certain wealthy individuals did not monopolize the commodity and that some remained for the poor.⁷⁸⁰ In the following year – a particularly hard year for the city – the council appointed four citizens from

⁷⁷⁷ Baratier, *Histoire de Marseille*, 96.

⁷⁷⁸ *Inventaire sommaire*, 10.

⁷⁷⁹ *Inventaire sommaire*, 11.

⁷⁸⁰ *Inventaire sommaire*, 21.

each sixain to search the homes of certain individuals to determine if their wheat quantities exceeded the needs of the family; in such a case, the surplus was to be brought to the Annonerie and sold.⁷⁸¹ The council's search for the wheat needed to sustain the city's inhabitants in the face of famine continued throughout the years leading up to the Black Death, as did their decrees forbidding the exportation of wheat and their punishment of those who failed to abide by them. When the high rate of infant abandonment is considered within the context of such decrees, it is possible to propose famine and financial crisis as primary motives for abandonment in these years. The subsequent drop in infant abandonment corresponds with the population decimation Marseille suffered from the appearance of the Black Death in 1348. Baratier estimates that Marseille's population decreased by as much as three-fifths as a result of the various fourteenth-century crises, dropping from 25,000 to 10,000.⁷⁸²

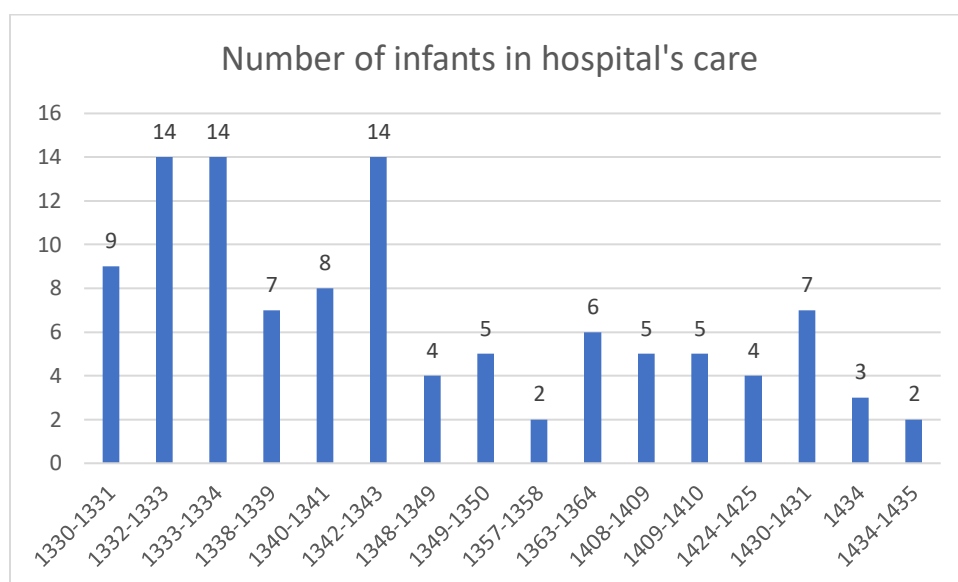


Figure 5.1: Number of infants in hospital's care

Herlihy and Klapisch-Zuber have demonstrated that Florentine parents exhibited

⁷⁸¹ *Inventaire sommaire*, 22.

⁷⁸² Baratier, *Histoire de Marseille*, 102.

gendered discrimination in infant abandonment; they abandoned female infants in numbers twice as high as male infants. A similar gendered discrimination can be found in the records of Saint-Esprit, though to a significantly lesser extent. Based on the years in which identification of individual infants is possible, 37.3 percent (38/102) were male and 62.7 percent (64/102) were female (see Figure 5.2). The significance of such figures is, however, difficult to determine, since the figures for individual years are relatively small – which could suggest a random discrepancy or could reflect generally higher live birth rates of female children – and since, in some years, the inverse is true. In 1338-1339, 1349, 1430-1431, male infants actually outnumbered female infants and, in 1340-1341 and 1348-1349, parents abandoned infants of both sexes in equal numbers. Still, in fourteen of the eighteen years upon which these figures are based, parents abandoned female infants more frequently than male infant; the gender discrepancy in the years 1333-1334 and 1342-1343 is especially noteworthy, as no comparable discrepancy in the inverse exists. This suggests that marseillais parents, like Florentine parents, were more likely to abandon their female infants than their male infants, though we cannot determine whether this practice was deliberate, illustrating a preference for male children, or circumstantial, reflecting a higher live birth rate of female children.

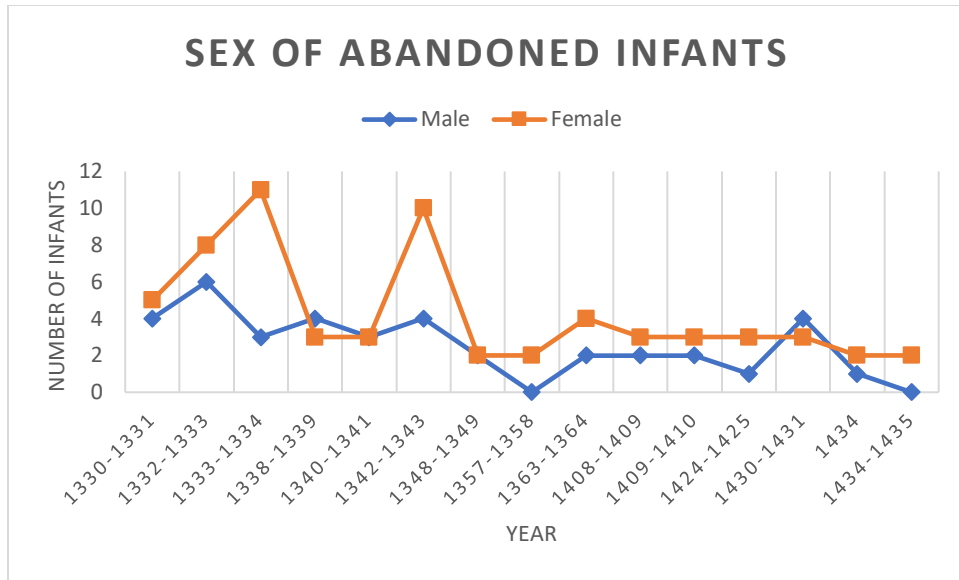


Figure 5.2: Sex of abandoned infants

5.2.2 Care at the Hospital of Saint-Esprit

When the hospital took in abandoned infants, they provided for them materially and spiritually. The most immediate concern was their spiritual salvation. The records from Saint-Esprit reveal that the hospital often baptized the infants in their care, sometimes with urgency. The care that the Hospital of Saint-Esprit took in this regard reflects an increasing concern, during this period, for the souls of neonates. The Church asserted that the souls of the unbaptized would be denied the state of grace, and the fragility of neonates left them vulnerable to this possibility. In the Supplement to his *Summa Theologica*, however, Thomas Aquinas distinguished between the punishments for unbaptized souls based on the reason for their spiritual state. He concluded that “punishment should be proportionate to fault.” The souls of unbaptized infants, who endured this state by no fault of their own, were condemned to the Limbo of Children where, though they do not suffer, they “are in such a state that they cannot be assisted, because after this life there is no time for obtaining grace;” baptism was thus the only way to ensure that infants obtain a state of grace. Synodal legislation from thirteenth- and

fourteenth-century Europe evinces this increasing preoccupation with infant baptism.⁷⁸³ Councils in Canterbury in 1236, Rouen in 1278, and Trêves in 1310 underscore the urgency of baptism in childbirth, commanding the performance of a *sectio in mortua* if the infant was believed to be alive.⁷⁸⁴ Canon fourteen from Canterbury, for example, stipulates “*si mulier mortua fuerat in partu, et hoc bene constiterit, scindatur, si infans vivere credatur, ore tamen mulieris aperto.*”⁷⁸⁵ As Steven Bednarski has demonstrated, this concern for infant baptism preoccupied all levels of society, not just the clergy. His article examines the case of a man who, when his wife died in childbirth, plead with the authorities to permit the performance of a *sectio in mortua* “to save the aforementioned fetus [. . .] in order that [. . .] the font of regeneration, and, simultaneously, salvation, be made available to [it] as is customary [. . .] for the orthodox faithful and [as] has been divinely established for the health and safety of the soul.”⁷⁸⁶ Whether or not this father was actually motivated by other, more material, concerns like inheritance, his soteriological rhetoric reveals the prevalence of this concern amongst the laity.

Kathryn Taglia has identified the 1311 Paris synod as the first in France to mention midwives and emergency baptism.⁷⁸⁷ The canon ensured the administration of the sacrament

⁷⁸³ As Steven Bednarski has demonstrated, this concern permeated all levels of society, manifesting in popular tales of *revenants*, which “show how medieval people feared not only for their offspring’s supernatural damnation, but also for their own terrestrial torments,” Bednarski, “Sadly and with a Bitter Heart,” *Florilegium* 28 (2011): 46. His work analyzes the case of a father who plead with the Manosquin authorities to permit the performance of a *sectio in mortua* when his wife died in childbirth demonstrates that this concern for infant baptism preoccupied the lay community, also. See also Pierre André Sigal, “La grossesse, l’accouchement et l’attitude envers l’enfant mort-né à la fin du moyen âge d’après les récits de miracles,” in *Santé, médecine et assistance au moyen âge, Actes du 110e Congrès National des Sociétés Savantes, Montpellier, 1985* (Paris: Editions du C.T.H.S., 1987), 23-41 ; and Jean-Claude Schmitt, *Le saint lévrier : Guinefort, guérisseur d’enfants depuis XIIIe siècle* (Paris : Flammarion, 1979).

⁷⁸⁴ J. Paul Pundel, *Histoire de la césarienne* (Bruxelles : Presses académiques européennes, 1969), 80.

⁷⁸⁵ Johannes Dominicus Mansi, *Sacrorum Consiliorum: nova et amplissima collectio* (Paris : H. Welter, 1901), XXIII, 420.

⁷⁸⁶ Bednarski, “Sadly and with a Bitter Heart,” 37. For caesarean sections in the Middle Ages, see also Renate Blumenfeld-Kosinski, *Not of Woman Born: Representations of Caesarean Birth in Medieval and Renaissance Culture* (Ithaca: Cornell University Press, 1990).

⁷⁸⁷ Kathryn Taglia, “Delivering a Christian Identity: Midwives in Northern French Synodal Legislation, c. 1200-1500,” in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler (Woodbridge: York Medieval Press, 2001), 84. The council from Trêves in 1310 similarly addressed the midwife’s responsibilities.

even in the absence of an ecclesiastical authority by ordering priests to teach their parishioners how to perform properly an emergency baptism; it concludes by stating that “on account of this there should be in every vill skilled midwives sworn to perform emergency baptism.”⁷⁸⁸ The diaconal visitation records from Meaux, appended to the proceedings from the synod held there in 1365, declared that, because of the perils of childbirth, each parish required a midwife. The statute ordered the diaconal visitors to oversee the appointment of midwives, who were required to undergo examination at the bishop’s court; if they passed, they received a certificate of approval.⁷⁸⁹

Cases of abandonment led to further confusion amongst clerics and parishioners, since the spiritual state of the infant was sometimes unknown and re-baptism was technically forbidden. Some parents who resorted to abandonment demonstrated concern for their infant’s spiritual wellbeing by leaving them with salt to signify that they had not been baptized. Trexler has found that, in Florence, “if the infant arrived with a tiny sack of salt worn about its neck the administrators knew that the child had not been baptized.”⁷⁹⁰ Proceedings from a series of thirteenth-century councils reveal that, in the eyes of the Church, however, this folk tradition was not a reliable indication of the baptismal state of foundlings. According to Boswell, “between 1195 and 1295 at least thirteen different councils in England alone passed legislation directly or indirectly bearing on the abandonment of children, some addressing it more than once in separate contexts. Their dispositions were not simply prohibitions, which might have resulted from abstract moral interest, but were much more practical regulations concerned with quotidian reality – particularly whether nor not to baptize abandoned children found without any indication

⁷⁸⁸ Taglia, “Delivering a Christian Identity,” 83.

⁷⁸⁹ Ibid.

⁷⁹⁰ Trexler, “The Foundlings of Florence,” 269.

of their baptismal status.”⁷⁹¹ The councils of London, Canterbury, and Wells recommended conditional baptism, which circumvented the issue of re-baptism, when the baptismal status was in doubt, even if the infants were found with salt. Perhaps as an expression of this anxiety over the spiritual state of abandoned infants, a baby girl who was brought to Saint-Esprit in 1430 bore a note stating that she had been baptized and that her name was Johaneta.⁷⁹²

While the scribes of Saint-Esprit only sometimes recorded baptism, the frequency with which they did so increased at the beginning of the fifteenth century. I have found records of nine baptisms between 1398 and 1434, though only one predates 1424.⁷⁹³ Their appearance in the records at this time parallels a general increase in attention to detail throughout the fifteenth-century records, an attention which resulted in the recording of details to which no cost was attached, like a list of the sick at the hospital or baptisms. The only entry from before 1424 – a brief record from 1398 – makes note of the baptism only because the candles and gown for the baptism cost them 1 s. The eight entries between 1424 and 1434, however, do not record a cost and, instead include the baptism as a detail about the infant for whose nurse the hospital paid.

Through the details they provided, scribes often attached a notable significance to baptism, which ensured an infant’s inclusion not only in a heavenly community in the afterlife, but also in a spiritual community in this life. As Daniel Bornstein has illustrated, baptism was a sacramental rite of passage that marked initiation into the Christian community.⁷⁹⁴ The entries reveal, to varying degrees, the name under which the infant was baptized, the name(s) of the

⁷⁹¹ Boswell, *The Kindness of Strangers*, 322.

⁷⁹² 1 HD E 37, f. 47r: *l’an mil iiic sie manifest que ia filha es estada portada en l’espital de sant sperit de masselha portat i eschrich que era bateyada son nom es johaneta. Dijovs a xxix de mars avem la facha sostenir ii jors e ii mas que a costas gr ii...fl. gr. ii*

⁷⁹³ An entry from 1330 (1 HD E 2, unfoliated) also reveals that hospital received 2 s. for the baptism of an infant (*per l’estrena d’un enfant*), though it is unclear whether the infant was one for whom the hospital was caring, or whether they served in the baptism of the one of the infants in the community.

⁷⁹⁴ Bornstein, “Administering the Sacraments,” in *The Routledge History of Medieval Christianity 1050-1500*, ed. R.N. Swanson (New York: Routledge, 2015), 134.

godparent(s), the church at which the baptism occurred, and, less frequently, the time of day. An entry from 1424 illustrates the immediacy with which a baptism might be performed. It reads: “Sunday, 18 June 1424, a girl was brought [to the hospital] before dawn, at the hour of Matins, who Mossen Augustin Pellet, *juge du palais*, had baptized under the name Augustina.”⁷⁹⁵ It is unclear whether the hospital feared for Augustina’s survival, or whether this was simply common practice; we do know from the subsequent entry that Augustina did survive and was placed in the care of Johaneta, the wife of Maistre Laurens, *barbier*. In a second entry from that year, the scribe details that on “Monday, 17 July 1424, three hours before day, a boy named Guilhem was brought [to the hospital] who Dona Alaeta Lorda, wife of Sen. Guilhem, and I, R[aymon], in her company, had baptized.”⁷⁹⁶ Both entries suggest that infants were often named for one of the godparents or their spouses.⁷⁹⁷ They also illustrate the importance of establishing ties of spiritual kinship for these infants with no blood ties; in other entries, the identification of the godparents and the location of baptism establish them in the physical and spiritual spheres of the religious community. An entry from 1430, for example, notes that:

In the year 1430, on Monday, 15 May, a girl was brought to the Hospital of Saint-Esprit in Marseille. She was baptized in the church of Notre-Dame des Accoules. The name of the girl is Catarina; the godfather is Maistre Malsan, chaplain of Saint-Esprit, and the godmother is the wife of Alexi Marquean.”⁷⁹⁸

A second entry from that same year details that in:

[In] the year 1431 [it] is recorded that, on 6 July, a girl was brought to the hospital of Saint-Esprit in Marseille. She was baptized at the church of [Notre-Dame] des Accoules. Her name is Alayeta. The godmother is Donna Douselina and the godfather is Mossen Raymond, her chaplain. She was placed at the door, under the hour of the fifth day.

⁷⁹⁵ 1 HD E 34 (89r): *Dim[en]gue a xviii de juin 1424 fon aportada una filha davant l'alba a l'ora de matynas la qual fes batenar mossen. augustin pellet juge de palays en pauset li nom augustina.*

⁷⁹⁶ 1 HD E 34 (89v): *Diluns a xvii de julhet 1424 iii oras dava[n]t jorn fon aportat I filh que ha nom guilhem lo qual fes batenar doma alaeta lorda molher de sen. Guilhem e yeu R. en sa [con]panhia.*

⁷⁹⁷ The infants the hospital took in were rarely given the same name as another infant currently in their care.

⁷⁹⁸ 1 HD E 37 (46v): *l'an 1430 diluns a xv de may fom portada i filha en l'espital de sant sperit de mass[elha] fom bateyada en la gleysa de nostra donna de las acoas la nom de la filha es catarina la pyrrin es maistre malsan cappellari de sant esperit e la mayrrin es la molher d'alexi marquean*

Peyret Morna, [*one word illeg.*]. found her.⁷⁹⁹

Whether the principles of spiritual kinship implied in these entries translated into any form of practical bond between the child and his/her godparents is impossible to trace through these records.⁸⁰⁰ Nevertheless, the inclusion of such details established the abandoned infants physically and spiritually in the religious community of Marseille.

Upon their arrival at the hospital, the infants likely received material care at the hospital for a brief period before fosterage. The inventories from 1363, 1364, and 1367 refer to a room in the hospital in which the infants slept (*la cambra en que solon jazer los enfans*). In 1363, the room contained two beds without coverings, a cushion, an oil lamp, and a bench.⁸⁰¹ In 1364, it contained the same items in the same quantities, as well as a bundle of forty-eight baskets that the scribe's partner, Augier Viadier, had purchased,⁸⁰² while the inventory from 1367 mentions only one fully furnished bed and a chest in the *cambra dels enfans*.⁸⁰³ None of these furnishings speaks to accommodation of an infant, specifically, and it is equally possible that this room accommodated not infants recently abandoned to the hospital, but older, weaned children who are otherwise invisible in the records. In 1397, however, the hospital paid Antoni Lusi 8 s. for a cradle for the "poor infants,"⁸⁰⁴ which, when considered alongside the sometimes-resident nurse discussed below, attests to their temporary residence in the hospital.

⁷⁹⁹ 1 HD E 37 (48r): *l'an 1431 sie recortansa que diluns a vi de juilhet fom portada i filha a l'espital de sant sperit de mass[elha] fom bateyada en la gleysa de las acoas son nom es alayeta la mayrana es donna douselina el parrin es mossen. Raymon san cappelan fom pausada a la porta sus la ora de v jorn trobet la peyret morna...*

⁸⁰⁰ See Bernard Jussen, "Le parrainage à la fin du Moyen Age: savoir public, attentes théologiques et usages sociaux," *Annales. Économies, Société, Civilisations* 47 (1992): 467-502.

⁸⁰¹ 1 HD E 13 (5v): *En la cambra en q[ue] solon jaser los enfans/ Item. liege[s] nus...ii/ Item. coisin...i/ Item. calenge...i/ Item. banquet a sezer...i*

⁸⁰² 1 HD E 14 (6v): *En la cambra en que solian jazer los enfans lies nus...ii/ Item. coysin...i/ Item. callengs ...i/ Item. banquet a sezer...i/ Item. que compret mon conpans/ augier madier ia liasa de/ cofins avem divian (?) que cofins xlviii. Auguier Viadier was one of the rectors at this time.*

⁸⁰³ 1 HD E 16 (unfoliated)

⁸⁰⁴ 1 HD E 19, f. 60v: *La razon de antoni lusi...plus. per i bres per paures enfantz...s. viii*

Other material provisions included clothing, shoes, and swaddling cloths. Entries concerning the costs of their clothing are frequent and scattered throughout the registers. In 1338, for example, the hospital paid 2 l. 6 s. for two *canas*, 6 *pals* of linen (*loneda*) “for the infants who are in the hospital;”⁸⁰⁵ in 1363, they purchased shoes (*sabatas*) for *lo pitot* Pieronet;⁸⁰⁶ in 1363, they purchased two *cordas* of cloth (*tella*) to make shirts (*quaminas*) for the infants and Brother John at 24s./*corda*; they then paid 9s. 9d. to have twelve shirts made.⁸⁰⁷ Occasional references also indicate that the hospital recycled linens for swaddling cloths (*pedasses*).⁸⁰⁸ In 1431, the scribe noted that Johaneta – presumably, a member of the household – tore up three old sheets to make swaddling cloths for the infants and bandages for the sick,⁸⁰⁹ and, in 1434, they used one sheet to swaddle the infant in the care of Vinneeseens, and another for the infant in the care of Catarina.⁸¹⁰

As noted above, an in-house wet nurse – hired only sometimes, on an annual basis – cared for the infants during their brief stay in the hospital between abandonment and fosterage. In 1338, Guafreza, *bailla*, was placed in the hospital “to nourish and sustain” the abandoned infants. For her services, the hospital paid her 5 l. per year, in four installments.⁸¹¹ Eleven years later, on 28 March 1349, the hospital contracted Alazais Barbarina “to nourish the infants of the

⁸⁰⁵ 1 HD E 7 (56r): *mais donem pro los enfantz que son en l'espital pro ii quanas vi pals de drap de loneda a xvi s. la quana. monta...ii lib. iv s*

⁸⁰⁶ 1 HD E 13, f. 101v: *Item. per las sabatas al pito[t] peironet que noire la molher de pastre a xxii de ginoier...ii s.*

⁸⁰⁷ 1 HD E 10 (26v): *Item. a xviii de mai avem conprat/ ii cordas de tella a far quamias al enfans ez a fraire johan a xxiii s. la cordas montant ii lib. viii s. Item. pro far xii quamias al enfans ez a fraire johan/ montant viii s. viii*

⁸⁰⁸ For medieval prescriptions of swaddling, see Soranus, *Gynecology*, trans. Owsei Temkin, 84-84, “How to Swaddle.”

⁸⁰⁹ 1 HD E 37, f. 94r: *l'an mil cccc e xxxi a xxvi d'abril si e renembransa que johaneta a deffag iii lansols viels p[er] far pedasses p[er] los enfans e p[er] far be[n]das p[er] malautz*

⁸¹⁰ 1 HD E 39, f. 28r.

⁸¹¹ 1 HD E 7 (12r): *Item. avem donat a guafreza bailla laqual mezem en l'espital per noiri e sostenir los e[n]fantz gitatz a far de v lib. l'an ez estet iii mes de que li donem quontans...i lib. v s.*

hospital.” They provided her with a robe in August and 12 *l.* per year.⁸¹² They also hired her son, Peiron, to serve the hospital (*a far tot servize*) at 5 *l.* 5 *s.* per year.⁸¹³ We know little else about Guafreza and Alazais, outside of their service in the hospital. The scribe did not record the name of a husband for either woman, an exclusion which, though less common, is not unseen in the records. Gavitt has discovered that, in Florence, “in-hospital wet nurses fell into two major categories: those whom the Innocenti hired, and those whom the Innocenti bought on the local slave market.”⁸¹⁴ In the absence of any qualifying adjectives or phrases, it is impossible to establish into which category fell the in-house nurses of Saint-Esprit.

5.3 Wet Nurses of Saint-Esprit

If an infant stayed in the hospital itself, it was only briefly. They were placed with a *baila* as soon as one could be obtained. Who these women were and what they did reveals much about cultural attitudes toward infant care in the Middle Ages. The term *baila*, however, is ambiguous, and its linguistic and conceptual ambiguities are inextricable from the equally ambiguous care she provided the infant in her charge. This term finds a modern French equivalent in the word *nourrice*; an exact English equivalent, however, does not exist, but could be either “nanny” or “wet nurse.” *Baila* derives from the Latin term *bajula*, which Niermeyer's *Mediae Latinitatis Lexicon Minus* translates to “nurse.” Even this translation becomes ambiguous within this context, however, since the act of “nursing,” in English, can connote either the provision of care or breastfeeding. The scribe most often records the responsibility of a *baila* as *noirir* or *sostenir*,

⁸¹² 1 HD E 10 (unfoliated): A 1349 a 28 de mas avem fag cove[na]nt am alazais barbarina pro eser baila a noirir los enfans de l'espital devem li dar l'an ...12 lib./ Item. pagnem li p[re]mierame[nt] a x jors de mais ii florin de florensa...mo[ntant] iii lib. iii s./ Item. li pagnem mais...mo[ntant] xvi s./ Item. a xiii d'aost li pagem en rauba q[ue] pres de nos...mo[ntant] i lib. xv s. The evident discrepancy in their annual salaries will be discussed in detail below.

⁸¹³ 1 HD E 10 (unfoliated): Avem fag covenant am peiron farant fil d'alazais barbarian per estar am nos a far tot servize e prezem lo a mccxlviii a xxviii de mas e deve[m] li dar d'un an...v lib. v s./ pagem li a vi jors de juin per son p[re]mier tes...mo[ntant] i lib. xv s.

⁸¹⁴ Gavitt, “Children and Charity in Renaissance Florence,” 330.

literally, to nourish or sustain. The more descriptive term *alachar*, “to breastfeed,” occurs only very rarely; an entry in 1 HD E 21, for example, details that Batrona was hired to “*noyrir e alachar*” an unnamed female infant.⁸¹⁵ The use of both terms would suggest that “to breastfeed” was a task different than “to nourish,” though the rather broad connotation of *noyrir* prevents the exclusion of breastfeeding from its scope. One could infer the responsibilities of a *baila* based on the age of the infant in her care; since, with only one exception, scribes did not record this detail, however, such a method cannot be applied to the marseillais records.⁸¹⁶ The varied terminology that the scribe used to refer to those in the *bailas*’ care also clarifies little. While the majority of entries employ the term *enfant*, some use other, equally ambiguous, nouns. These include *filh*, *filha*, *filhet*, *filheta*, and *enfantet*. While the diminutive *filhet* and *filheta* likely connote male and female infants, *filh* and *filha* could apply equally to male and female *children*.⁸¹⁷ Despite these inherent ambiguities, it is likely, based both on the evidence from other medieval cities and on the difficulty – both social and emotional – that parents would face abandoning older children, that the term *baila* refers, in the majority of cases, to a wet nurse. This section explores the identities of the wet nurses employed by Saint-Esprit, the details of their employment, and the care that they provided the infants in their charge.

5.3.1 Identification in the Records

In the Middle Ages, medical and moral literature advised on the benefits of nursing to an infant’s health;⁸¹⁸ for upper class women for whom such as activity was less suitable, manuals

⁸¹⁵ 1 HD E 21 (69r). See also 1 HD E 6 (unfoliated) and 1 HD E 34 (88v).

⁸¹⁶ The exception appears in the register from 1342 and references the older children of the hospital: two-year-old Guilhelmona, five-year-old Berenguier, two-year-old Blazana, and four-year-old Albozina; none of these children, however, appears to have been in the care of a *baila* at this time, as there is no cost attached to their entries.

⁸¹⁷ These terms usually connote “son” and “daughter” in cases when paternity is known.

⁸¹⁸ See Orme, *Medieval Children*, 58, and Hanawalt, *Growing up in Medieval London*, 57.

also advised on the selection of a wet nurse.⁸¹⁹ In his *Regime du corps*, Aldobrandino of Siena, for example, advises that, when selecting a wet nurse, one should consider “her age, her form, her habits, her breasts, whether she has good milk and whether the time since she had a child has been long or short,” and, equally importantly, her character, since “malignity” can be transmitted through her milk and alter the child’s “noble form.”⁸²⁰ Klapisch-Zuber has found that, in practice, Florentine parents placed more value on the quality of a nurse’s milk than on the quality of her character; their primary concern was “the abundance and the ‘youth’ of her milk.”⁸²¹ She concludes that not only was moral quality not the first criterion in selecting a wet nurse, but that more generally, “the social identity of the nurse often seems of little importance.”⁸²² The commensurability of the ideology in the private and institutional hiring of wet nurses must be questioned, however, since “the fact remains...that the history of paid breast feeding in these establishments [hospitals] – important as it might have been socially – is not the history of the average baby in the big cities: it obviously leaves out the triangular relationship that bound two sets of parents – the natural parents and the nursing parents – and the child who moved from one set to the other.”⁸²³ The records from Saint-Esprit provide no evidence of standard criteria for or an examination of a potential wet nurse. The details included (and omitted) in the identification of these women, however, reveal both tendencies and priorities in the hospital’s selection of wet nurses. Identity labels used in other records from medieval Marseille were variable and “fall into

⁸¹⁹ As Lucie Laumonier has demonstrated, the occupation of the privately employed wet nurse was institutionalized by social custom that saw the employment of wet nurses as a sign of social distinction. See Laumonier, “De l’allaitement à l’éducation: Prendre soin d’enfants dans la région de Montpellier à la fin du Moyen Âge (1250-1500),” *Annales de Bretagne et des Pays de l’Ouest* 124:3 (2017): 135-156.

⁸²⁰ Aldobrandino of Siena, *Regime du corps* in *Medieval Medicine: A Reader*, ed. Faith Wallis, 497. For prescriptive literature on the selection of a wet nurse, see also James Bruce Ross, “The Middle-Class Child in Urban Italy, Fourteenth to Early Sixteenth Century,” in *The History of Childhood*, ed. Lloyd DeMause (Lanham: Rowman & Littlefield Publishers, Inc., 1995), 183-228.

⁸²¹ Klapisch-Zuber, “Blood Parents and Milk Parents: Wet Nursing in Florence, 1300-1350,” 140.

⁸²² Klapisch-Zuber, “Blood Parents and Milk Parents,” 141.

⁸²³ Klapisch-Zuber, “Blood Parents and Milk Parents,” 132-133.

six rough categories: name, parentage and/or marital status, legal status, trade or profession, place of origin, and address.”⁸²⁴ According to Smail,

The identifying label given to individuals in Marseille records was some permutation of all, some, or none of these individual identity labels. Trade or profession and status were the most common labels, but patterns changed considerably from one type of record to another and, in the case of notarial casebooks, from one type of act to another. What is most important is that, although each type of record and act had characteristic tendencies...in no case was there a formula or template that structured identities and led to consistent patterns in identity clauses across the record.⁸²⁵

He suggests that, in notarial acts, the legal requirements of the act, as well as the relationship between the contracting parties, in part, structured identities.⁸²⁶ Since the administrative records from Saint-Esprit are not notarized acts; however, the individuals at play cannot be perceived as legal agents to the same extent. Nevertheless, contractual obligation and legal requirements likely *did* largely shape the construction of the nurses’ identities; administrators had both to account for the hospital’s resources and ensure the wellbeing of the infants entrusted to them. The fluidity of the templates’ fields thus reflects the absence of any general criteria for the selection of a wet nurse.

Of the six identity labels that Smail identifies, name, parentage and/or marital status, and address were used most frequently in the identification of wet nurses hired by the hospital. A vast majority of the entries identified a wet nurse by her name. Of the 219 identifiable individual wet nurses,⁸²⁷ 89.4 percent (196/219) are identified by name; in the cases in which the wet nurses are not named, the identification of a male family member permits distinction in twenty-one cases (9.5 percent; seventeen name the wet nurses’ husbands and four name their fathers), an

⁸²⁴ Daniel Lord Smail, *Imaginary Cartographies: Possession and Identity in Late Medieval Marseille* (Ithaca: Cornell University Press, 1999), 195.

⁸²⁵ Smail, *Imaginary Cartographies*, 201.

⁸²⁶ Smail, *Imaginary Cartographies*, 205.

⁸²⁷ This figure excludes cases whose absence of detail precludes identification of the wet nurse.

address in one case, and an ambiguous relational reference in one case.⁸²⁸ There is, thus, little evidence in the institutional employment of wet nurses in Marseille of the “masculinization” of wet nursing Klapisch-Zuber witnessed in the Florentine records, which saw, in one of every four cases, the recording of husbands’ but not wives’ names in the private employment of wet nurses.⁸²⁹ Only 43.8 percent (96/219) of Saint-Esprit’s wet nurses, furthermore, are identified in relation to a husband,⁸³⁰ whose permission was, at least sometimes, required to take in and care for an infant.⁸³¹ In 1349, for example, the hospital contracted Alazeta Tomaza, wife of Rostahan Thomas, to care for a male infant named Panset; the contract was made *am volentat de son marit*.⁸³² Although this figure contrasts strikingly with the situation in Montpellier, where, according to Otis, 88 percent of the women hired as wet nurses are identified as married, and another nine percent as widows,⁸³³ it conforms to Michaud’s broader findings on women and work in Marseille, which reveal that female workers were identified as married in only 17/32 notarial contracts and 6/30 court cases.⁸³⁴

In the 56.2 percent of cases from the hospital accounts that omit family status as an identifier, it is difficult to draw definitive conclusions about marital status. Michaud’s research

⁸²⁸ The entry refers to the “filha de maudalena.” It is unclear if “Maudalena” is a mother, or if this is a reference to the house for reformed prostitutes.

⁸²⁹ Klapisch-Zuber, “Blood Parents and Milk Parents,” 142-143.

⁸³⁰ 66/97 of these cases include the last names of both the wet nurses and their husbands. In seventy-nine percent of these cases (52/66), the wet nurses’ last names appear as the feminized form of their husband’s last names. In one of the fourteen cases in which the last names differ, the wet nurse was widowed (1 HD E 6, unfoliated: *...bermona imberta molher que fon de jacme guiquier*).

⁸³¹ Husbands’ professions are noted in only seven cases, and there appears to be little identifiable trend in social status.

⁸³² 1 HD E 10 (unfoliated). Gavitt has found that married women in Florence required the permission of their husband’s to act as wet nurses; see “Charity and Children in Renaissance Florence,” 331.

⁸³³ Otis, “Municipal Wet Nurses in Fifteenth Century Montpellier,” in *Women and Work in Preindustrial Europe*, ed. Babara Hanawalt (Bloomington: Indiana University Press, 1986), 84. For a study of the private employment of wet nurses in Marseille, see Lucie Laumonier, “De l’allaitement à l’éducation : Prendre soin d’enfants dans la région de Montpellier à la fin du Moyen Âge (1250-1500),” *Annales de Bretagne et des pays de l’ouest* 124.3 (2017) : 135-156.

⁸³⁴ Michaud, “Table 20: Comparative marital status of adult female labourers in notarial and court records (1248-1400),” *Earning Dignity*, 106.

reveals that, in the notarial records from Marseille, “woman were defined by their family status, and not their occupations, the latter conferring a public stature in the community that mattered far more to men as witnessed in the written record.”⁸³⁵ The social importance of family status as an identifier for women in the notarial discourse lends support to the possibility that wet nurses not identified in relation to a husband in the hospital accounts were single or widowed. As Michaud cautions, however,

...it should be recognized that the identification of matrimonial status poses real challenges, even for wives or widows, for it depends greatly on the nature of the documentation: for example, when women actively initiated notarized deeds and legal actions, they were more likely to have their husbands’ names mentioned than when they were only passively cited therein...In other words, it is imprudent to classify as ‘single’ women who are not readily associated with a husband, living or departed.⁸³⁶

Without more evidence, conclusions on singlehood amongst the wet nurses of Saint-Esprit remain speculative, though Michaud’s examination of judicial records reveals that single women participated in the labour market in Marseille to a far greater degree than notarial acts alone suggest.⁸³⁷ Even if we cannot conclude singlehood from the frequent omission of marital status in the hospital’s employment records, the omission itself is revealing. It suggests that marital status mattered little in the hospital’s selection of a wet nurse and that, like in Florence, “the first criteria in the choice of wet nurse were not her moral qualities,”⁸³⁸ despite the emphasis placed on morality in the moral and medical literature. In practice, concerns were more quotidian. As noted above, private employers in Florence prioritized the physical health of the wet nurses; according to Klapisch-Zuber, “girls who had been seduced, ‘bestial’ Tartar slave women, or mothers who had abandoned their children all made good nurses if their milk was ‘young’ and

⁸³⁵ Michaud, *Earning Dignity*, 101.

⁸³⁶ Michaud, *Earning Dignity*, 105-106.

⁸³⁷ Ibid.

⁸³⁸ Klapisch-Zuber “Blood Parents and Milk Parents,” 142.

abundant.”⁸³⁹ Although the health of potential wet nurses may have concerned the administrators of Saint-Esprit, it has left no trace in the records. From an accounting perspective, address mattered more.

Address was used as an identifier for 62.1 percent (136/219) of wet nurses.⁸⁴⁰ This identifier appears notably more frequently during the period from 1306-1349, when 86 percent (111/129) of wet nurses are identified by address, compared with the 27.8 percent (25/90) of wet nurses from the years 1357–1457.⁸⁴¹ The frequency with which this label was employed in the period from 1306-1349 stands in stark contrast to marseillais notarial practice – according to Smail, “addresses occur in only 3 percent of the identity clauses in notarized quittances”⁸⁴² – and illustrates his conclusion that “an address was a more significant element of vernacular identity.”⁸⁴³

The content and nature of address descriptions permits general conclusions on the geographic distribution of wet nurses. Scribes used one or several geographical constructions to describe where a wet nurse lived; these included sixain, quarter, street, artisanal vicinity, or relation to a prominent landmark or citizen. Although the contextual nature of relational references means that they are not as easily locatable as references to sixains, quarters, or vicinities, we might assume that the familiarity on which such references relied meant that they were prominent features of the urban landscape. If we thus assume that addresses that employ street names and relational references are located within the city walls, we can conclude that

⁸³⁹ Ibid.

⁸⁴⁰

⁸⁴¹ This discrepancy does not correspond with a more general decrease in the amount of detail recorded between the two periods.

⁸⁴² Smail, *Imaginary Cartographies*, 211. Smail has found that the inclusion of address in notarized acts was most common amongst the non-noble free Christian population.

⁸⁴³ Smail, *Imaginary Cartographies*, 212.

98/119 (82.4 percent)⁸⁴⁴ of the wet nurses whose addresses were noted lived within the city walls. The highest densities appear near the Gentleman's Oven (*fora d'un prodome*), with seven wet nurses; Cavalhon, with six; the Coppersmithery (*pairolaria*) and the burg of Santa Clara, each with five; and the sixain of Saint-Martin, with four. The hospital also employed nineteen identifiable women (6 percent) who lived outside the city walls, in one of the burgs located to the east of the city. The highest numbers lived in the burgs of Santa Clara and Saint-Augustine, with five and four, respectively, though they occasionally hired those who lived in the burgs of Aygadiers (three), Oliers (three), Sion (three), Moriers (two), and Pilas (two), as well.⁸⁴⁵ This tendency to hire within the city walls contrasts with the practice at the Innocenti in Florence to hire from the parishes and towns in the *contada* to the east and northeast of the city.⁸⁴⁶ Klapisch-Zuber has found that, in the private employment of wet nurses in Florence, parents preferred to contract women who lived in the countryside, as their fees were lower.⁸⁴⁷ The records from Saint-Esprit do not illustrate a similar discrepancy in the payment of urban and rural wet nurses; all nurses received the same salary, regardless of where they lived.⁸⁴⁸

The tendency to record addresses speaks to the practical dimension of these records. Administrators likely depended on these entries (or their original *imbreviatura* notes) to locate the infants in their charge. Detail mattered, as illustrated by scribes' frequent reliance on multiple geographic constructions to describe where a wet nurse lived; Aiglina Merquadiera, in 1330, for

⁸⁴⁴ This figure excludes the cases in which an address is clearly recorded but not legible enough to draw conclusions about general location.

⁸⁴⁵ One more nurse is described as living in a *borguet* – the *borguet dels uves* – but the name does correspond to any known burg.

⁸⁴⁶ Gavitt, "Children and Charity in Renaissance Florence," 330.

⁸⁴⁷ Klapisch-Zuber, "Blood Parents and Milk Parents," 136. She found that women in the city sometimes chose to send their own infants to nurse in the countryside so that they could nurse infants for a higher cost in the city.

⁸⁴⁸ This may reflect the status of the payer as a religious institution, rather than the preferences of individual employees; since the payment a nurse received was likely only a supplementary income, the nurses themselves might be seen as quasi recipients of charity.

example, is described as living on Saint-Martin Street, near the Cobblers,⁸⁴⁹ and, in 1333, a scribe noted that Allazeta Bonefazia lived in Saint-Martin, behind the cemetery.⁸⁵⁰

Outside of these three common identifiers, scribes very occasionally noted the professions of wet nurses' husbands. In the seven cases in which they did record it, there appears to be little identifiable trend in social status:

Year	Profession of Husband
1306	Innkeeper (<i>tavernier</i>)
1333	Labourer/ farmer (<i>lahorador</i>)
1363	Shepherd (<i>pastre</i>)
1409	Weaver (<i>teyssedor</i>)
1417	Labourer/ farmer (<i>laborador</i>)
1423	Tailor (<i>sartre</i>)
1424	Barber (<i>barbier</i>)

The variability of identity clauses suggests that the hospital administrators employed few standard criteria in their selection of wet nurses. They did not need to be married. If the “youth” of their milk mattered to administrators, as it did to Florentine parents, the scribe did not note it. If their moral character was considered, as Aldobrandino of Siena advised, it was not recorded. The hospital did display a clear preference for wet nurses who lived within the city walls. Still, they hired from outside, as well.

Of greater importance than the individual herself was the care she provided the infant in her charge. While the hospital did not articulate in writing – at least, in the extant records – a specific standard of care that wet nurses needed to meet, it appears that they did monitor the wellbeing of the infants for whose care they had assumed the responsibility. And, as the case of

⁸⁴⁹ 1 HD E 2, unfoliated: *Item. avem paguat aiglina merquadiera q[ue] esta en la travesa de sant martin prop dels sabatiers que pres i fill que a nom peiron e fon a vi de juin e fon paguat per i mes...v s...*

⁸⁵⁰ 1 HD E 6, unfoliated: *donem az alaeta bonafazia q[ue] esta a sant martin detras lo semeteri i enfant femel que a nom huguona a xxvi de dezembre e pagnem li p[er] i mes...v s.*

Breuga⁸⁵¹ from 1434 reveals, the hospital might withdraw an infant from a nurse's care if she failed to provide adequately for them. Breuga had begun caring for Catoya in August 1434. She nursed her until December and was contracted for a second four-month term from December to April. In March, however, the hospital removed Catoya from her care because she was feeding her poorly (*car la noyira mal*) and placed her with the wife of Johan Boqieu on 20 March, who presumably cared for her for eight months, after which time we lose track of her. The inadequate care the Breuga provided Catoya in those final months appears to be the result of circumstance rather than malice; Breuga was poor and permitted to keep one month's salary, despite the termination of her employment (*li quita los rectors car es paura los gauges de i mes*).⁸⁵² Regardless of circumstance, however, this case reveals that, even in the absence of any standard criteria in the selection of wet nurses, the hospital maintained a standard of care for the infants in its charge.

5.3.2 Duration of tenure

A wet nurse typically cared for only one infant at a time. In only one case did a woman care for more than one child simultaneously: on 4 February 1398, the hospital paid 8 s. to “*la bayla q[ue] leva los enfans p[er] dos enfans q[ue] sa adobat*.”⁸⁵³ Slightly more frequent were women who cared for two or more children successively. Throughout the period under

⁸⁵¹ Fabre examines this entry in *Histoire des hôpitaux*, 390-391.

⁸⁵² 1 HD E 39 (70r): *Item. afarmat i baylla q[ue] esta en la cordellaria q[ue] a nom breuga q[ue] gasanha a rasson de xvi go. lo mes ay li pagat lo premier...lib. ii s. ii d. viii/ Item. p[er] lo segon mes q[ue] es lo mes de setembre...lib. ii s. ii d. viii/ Item. per lo tes mes e p[er] lo tair mes...lib. iii s. v d. iiiii/ Item. avem pagut la dicha breuga fin a xxii de desembre que son iiiii mes e xx jors q[ue] mo[n]tan a septas ...lib. x s. viiii*

1 HD E 39 (70v): *Item. pl[us] avem pagat a breuga de iiiii mes...lib. viii s. x d. viiii*

1 HD E 40 (54r): *Item p[re]mier]. Pagat a breuga q[ue] noyra i bastarda q[ue] a nom catoya de xx de desembre fin a xx d'abrill q[ue] son iiiii mes a rason de xvi go. lo mes mo[n]tan a la part du quest hospit[al]...lib. iiiii s. viiii d. iiiii/ levem li la filha lo p[re]mier jors de mars car la noyira mal an li quita los rectos car es paura los guages de i mes*

⁸⁵³ 1 HD E 21 (94v)

consideration, thirteen nurses can be identified as caring for two infants successively,⁸⁵⁴ and one as caring for four infants successively.⁸⁵⁵ In many of these cases, the first infant died; in only two cases did the nurse return the first infant to the hospital and take in another. The overwhelming tendency of a nurse to care for only one child parallels the practice in fifteenth-century Montpellier, where 91 percent of nurses cared for no more than one infant and illustrates Otis' conclusion that "municipal child caretaking was a once-in-a-lifetime venture."⁸⁵⁶

The length of an infant's placement with a particular wet nurse varied significantly both within and across periods.⁸⁵⁷ In some cases, we might assume that weaning practices dictated the length of an infant's stay in a nurse's care. Although references to weaning (*desmamar*) do, occasionally, appear in the records, it is almost impossible to reconstruct practices surrounding it.⁸⁵⁸ The inability, in most cases, to identify whether the first extant reference to an infant corresponds with his or her reception by the hospital, in addition to the scribes' silence on infant

⁸⁵⁴ 1 HD E 3 – Uguia Joliana; 1 HD E 5 – Guilhema de Mostiers (Lusia; Johaneta); 1 HD E 6 – Berengueria Giesa (Peiron, *d.*; Esphona), Bertrana Guarniera (Miquellon; Huguona, *d.*); 1 HD E 8 – Biatris Ricarda (Gilhmon, *d.*; Gilhmona); 1 HD E 9 – Tomaza Banhairis (Bertranon, *d.*; Margarida, *d.*); 1 HD E 10 – Alazas Barbarina (Peiron, then in-house placement); 1 HD E 13 – Alaeta Salvestra (unnamed female infant; Antone); 1 HD E 19 – Jaumeta Bergonha (unnamed female infant; unnamed male infant); 1 HD E 28 – Johamona (Palamida, *d.*; Anthoneta); 1 HD E 37 – Rabeta (Felipon; Johan, *d.*)

⁸⁵⁵ 1 HD E 5 and 1 HD E 6 – Johaneta Quaralliera cared for Sansa (*d.*), Peiron (*d.*), Miquellon, and Esparona.

⁸⁵⁶ Otis, "Municipal Wet Nurses in Fifteenth-Century Montpellier," 86.

⁸⁵⁷ See Appendix E.

⁸⁵⁸ Soranus' *Gynecology*, trans. Owsei Temkin, ch. XXI [XLI] "When and How to Wean the Infant," p. 117, advises that, "Now until the child has become firm, it should only be fed milk. For while the pores are still narrow, it is not safe to proceed to more solid food... Yet, on the other hand, it is also bad not to change to other food when the body has become already solid – not only because the body becomes moist and therefore delicate if fed on milk for too long a time, but also because in case of sickness the milk easily turns sour. For this reason, when the body has already become firm and ready to receive more solid food, which it will scarcely do before the age of six months, it is proper to feed the child also with cereal food: with crumbs of bread softened with hydromel or milk, sweet wine, or honey one. Later one should also give soup made from spelt, a very moist porridge, and an egg that can be sipped... As soon as the infant takes cereal food readily and when the growth of the teeth assures the division and tituration of more solid things (which in the majority of cases takes place around the third or fourth half-year), one must stealthily and gradually take it off the breast and wean it by adding constantly to the amount of other food but diminishing the quantity of milk... The best season for weaning is the spring, which is relatively healthy because of the well-tempered climate. For weaning in autumn is bad, for then the whole body on account of the unevenness of the climate, is disposed to disease, and one must avoid changes in habit which are somehow unpleasant because unaccustomed. One should, however, not pay attention to Mnesitheus and Aristanax who maintain that one should wean a female infant six months later because it is weaker; for they do not realize that some female infants are both stronger and fleshier than many males..."

age, permits conclusion only on the *mimum* – rather than the average – age of a weaned infant. The records, furthermore, preserve only four references to weaning and, thus, lend themselves only to anecdotal reflections. The first appears in the earliest extant register. On 4 December 1306, Ugua d’Albania took in to nurse an unnamed female infant. She nursed her for almost ten months, until the Feast of Saint-Michael (29 September), when the baby was weaned.⁸⁵⁹ The second reference concerns an infant named Miquelon. Although we do not know when Miquelon arrived at the hospital, we do know that, on 1 December 1332, he was placed in the care of Pellegrina Raolsa, who nursed him until 10 May 1333, when he was sent to Douseta Pansa. Miquelon remained with Pansa for only seventeen days before he was given to Johaneta Quarailiera.⁸⁶⁰ He remained with her for almost a year, until 14 April 1334, when, after at least fifteen and a half months of nursing with his various caregivers, he was weaned.⁸⁶¹ The third reference dates to 1342 and concerns a weaned infant of two years named Guilhelmona, who had died in the hospital.⁸⁶² This reference – notable both for its detail and the absence of any cost – is not dated; given both her age and the rarity with which the hospital assigned the name of a living infant to a second infant in their care, however, it is likely that this Guilhelmona was the same Guilhelmona who appears in the records from 1340-1341. The first reference to her notes that she was placed in the care of Moneta de Raba on 1 December 1340. Over the next two years, the hospital assigned Guilhelmona to six different nurses before she was weaned, sometime before the age of two, when she died.⁸⁶³ The final mention of weaning in the records appears almost a century later, in 1431. On 19 April 1430, Georgi was sent to the wife of Lasenet Raimbaud to

⁸⁵⁹ 1 HD E 1, f. 37r: *...Item. per i autre mes iiii s. e deu la tenir entre a san miquel quan la desmamara.*

⁸⁶⁰ 1 HD E 5, f. 76r, 79r, 79v.

⁸⁶¹ 1 HD E 6 (unfoliated): *...Aquest en[fant] fon desmamat.*

⁸⁶² 1 HD E 9, f. 48r: *Item. an nos mais asinat i enfa[n]t femel q[ue] a no[m] Guilhelmona local enfant es desmamat es en l'espital a nostra man a ii antz aquest enfant mori*

⁸⁶³ 1 HD E 8 (unfoliated).

nurse for one year;⁸⁶⁴ she received her final payment (*rediera paga*) of 9 *fl.* 5 *gr.* on 19 April 1431, exactly one year after the hospital hired her to care for him. Three days later, rather exceptionally, the scribe wrote elsewhere in the register⁸⁶⁵ that, because they “do not want to wean an infant named Georgi,” they purchased 1 *gr.* worth of mutton and other foods for the wet nurse.⁸⁶⁶ Whether the wet nurse required greater compensation or whether the hospital offered these items as a gesture in the hope of retaining her services is unclear, but Georgi continued to nurse with the wife of Lasenet Raimbaut until 22 December 1431, the end of the register year, when we lose track of him. This case reveals that the hospital had preferred practices of weaning; after a year of nursing with the wife of Lasenet Raimbaut, Georgi was too young to be weaned. If he was close to newborn when he was first placed in her care, then, by the time the register ended, he was at least twenty-two months old and still nursing. The examples of Guilhelmona and Georgi reveal that the preferred practices of weaning in the institutional setting of Saint-Esprit correspond with the customary two-year period of weaning recorded in notarial acts.⁸⁶⁷ Although the data set is too small to comment on the role of gender in weaning, Michaud has argued that, in the private setting, practices did not differ according to gender.⁸⁶⁸ As references to weaning are rare in the records, however, an analysis of contracting provides greater insight into the practices that dictated the length of care.

The evolution of contracting practices between the mid- and late fourteenth century from

⁸⁶⁴ 1 HD E 37, f. 47r: *Plus. ay baylat a lasanet raymbaut marit de la bayla que noyre georgi lo qual li fon baylat l'an mil iiiic e xxx a xix d'abril con appar en l'autre cartolari de sen peyre vivaut e de sen uget baron en cartas xlvii agut per ma man dimars a vi de fevrier...fl. i*

⁸⁶⁵ This entry is found under the chapter on the expenses for the regular household (*capitol de las despensas fachas per ordenari de ostal*).

⁸⁶⁶ 1 HD E 37, f. 39v: *Plus. lo dich jorn [Sunday, 22 April 1431] que noli^{am} desmamar⁸⁶⁶ i enfant que a nom georgi cant per ii pat[at] de monton que compriey lo sapte per far lo debrax__ e per pan blanch e per coliadre e per monton que doniey a la bayla cant lach recobrat dimenge a xxii d'abril montan...gr. i*

⁸⁶⁷ Michaud, *Earning Dignity*, 151-152.

⁸⁶⁸ *Ibid.*

monthly to annually suggests an occupational stabilization that resulted in longer-term placements. In the first half of the fourteenth century, when the hospital contracted wet nurses on a monthly basis, an infant often passed from one nurse to another before either finding a more permanent arrangement or dying. As Figure 5.3 illustrates, the ratio of nurses to infants in this period was generally high; in a single year, an infant could be placed with anywhere from one to eight different nurses. At the low end of the spectrum fell infants like Monet. The hospital placed Monet with Alazeta Bernada on 11 March 1332; we find him still in her care twenty-one months later, on 20 November 1333.⁸⁶⁹ Most other infants in this period, like Peiron and Lusía, did not enjoy such stable placements. Aiglina Merquadiera, who lived on Saint-Martin Street next to the Cobblers, took in Peiron on 6 June 1330; she cared for Peiron for two months and returned him to the hospital at the end of July, when Hugueta Viguarozza took him in. Peiron would experience his longest placement with Hugueta, who cared for him for four months, until the end of November. Though the records do not note whether Hugueta kept Peiron or returned him at this point, the appearance of a Peiron with a different nurse at the beginning of December and the disappearance of Hugueta from the records suggest that his stay with her ended at this time.⁸⁷⁰ He then stayed with Bertrana Guarniera for two months, Ugeta Sibrana for one month, and Duranta de Lodenas for three months, after which we lose track of him.⁸⁷¹ Lusía, a baby girl from this same period, experienced even less stability than Peiron. Over the course of fourteen months in 1332 and 1333, Lusía was passed between eight different nurses and made a total of ten moves before she died, presumably at the end of April while in the care of Hugueta

⁸⁶⁹ 1 HD E 3, f. 90v and 1 HD E 5, f76v.

⁸⁷⁰ Infants were rarely assigned the same name as another foundling from that year. Names were, generally, only used twice if an infant died; in such a case, that name was often assigned to the infant who came into the hospital's care immediately after the death of the first.

⁸⁷¹ 1 HD E 2 (unfoliated) – Aiglina Merquadiera and Hugueta Viguarozza; 1 HD E 3 – Bertrana Guarniera (89r), Hugueta Sibrana (89v), and Duranta de Lodenas (89v)

Sertana.⁸⁷² Between 1306 and 1340, when the hospital typically contracted wet nurses on a monthly basis, the average length of an infant's placement with a single nurse was 4.8 months, though as the anecdotes above evince, this could be (and often was) significantly shorter.

At the beginning of 1341, the hospital began contracting wet nurses on an annual basis. The first mention of a wet nurse employed for a year, rather than from month-to-month, appears on 8 April 1341 and reads: "Item. Given to Sisilia Sabatier, who is in Salans, one male infant named Gilhmon, whom she will keep for one year and will receive 7 l. [for] the year, and here received on this same day, 8 April...5 s..."⁸⁷³ Payment for their annual services was administered according to the division of the fiscal year into *tes*, or four-month terms. The employment of wet nurses annually, rather than monthly, resulted in longer, more stable placements for the foundlings of the hospital, and, while the number of wet nurses continued to outnumber the number of foundlings, the ratio dropped significantly during this period.

The motives for this transformation from monthly to annually are difficult to discern. Unlike in the agricultural sphere in the years following the Black Death, where landowners employed labourers on an annual basis in order to guarantee labour and circumvent the cap placed on wages in the face of inflation,⁸⁷⁴ the transformation of the term of employment for wet nurses in 1341 did not correspond to a wage increase. This came later. Perhaps the hospital sought administrative ease by ensuring longer placements and eliminating competition with private employers. Perhaps the wet nurses sought a more stable source of income. Whatever the

⁸⁷² 1 HD E 5 – Douseta Daurugll (76r), Jacmeta Salvestra (77r), Boneta (77r), Silleta Qualinarda (80r), Biatrix Roberta (80v), Guillema deMostiers (77r, 81v); 1 HD E 6 (unfoliated) – Guillema deMostiers, Antonia, Hugueta Sertana

⁸⁷³ 1 HD E 8 (unfoliated): *Item. avem bailat a sisilia sabatier questa a salans i enfant mascle ques a nom gilhmon que deu tenir i an e deu aver vii lib. l'an e d'aiso a reseuput a quel jorn meseme a viii d'abril...v s./ Item. avem mai bailat a xiiii d'abril a sisilia sabatiera...xxv s./ Item. avem bailat a iiii d'octembre...i s./ Item. avem mai bailat a vi d'octembre...i lib. viiii s.*

⁸⁷⁴ Smail, "Accommodating plague in medieval Marseille," *Continuity and Change* 11:1 (1996): 31.

reason, the transformation resulted in more stable placements for the infants.

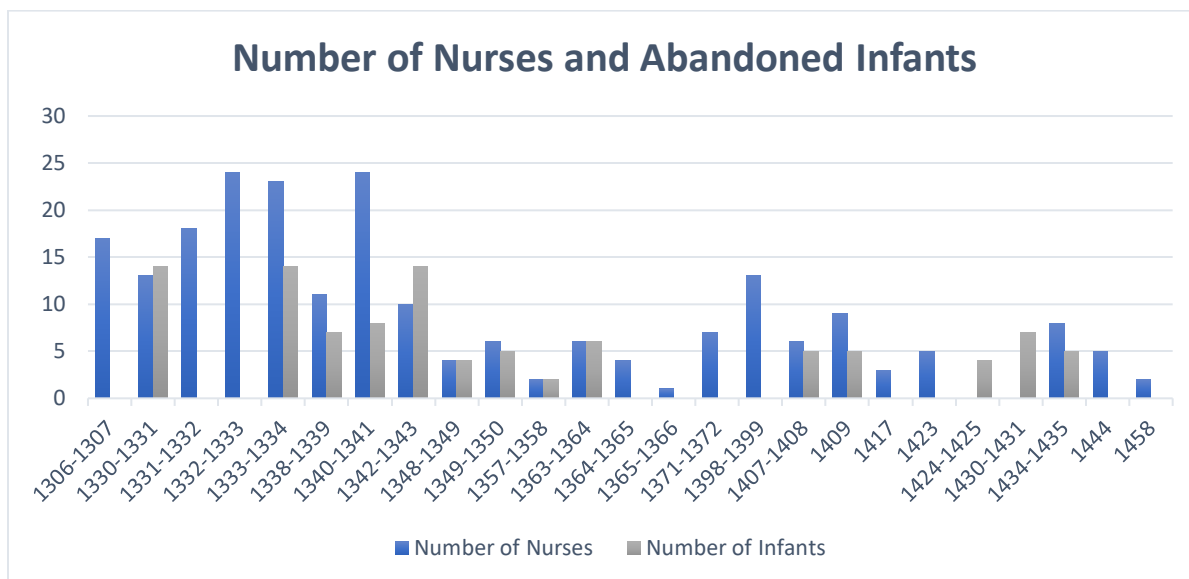


Figure 5.3: Number of nurses and abandoned infants

5.3.3 Compensation

The payment a wet nurse received also evolved over the period under consideration, a point to which Fabre has dedicated significant attention.⁸⁷⁵ Between 1306 and 1409, wet nurses' salaries increased 1,500 percent, climbing from 4 s./ month to 32 l./ year (2 l. 13 s. 4 d./ month), before dropping 17 percent in 1434, to 2 l. 3 s./ month. The most significant increase transpired, predictably, in 1348. Between 1306 and 1342, wet nursing salaries remained consistently between 4 s. and 5 s./ month; in 1348, however, the four nurses who appear in the records received at least four times this amount: Ugueta Fabreza, Alazeta Tomaza, and Alazeta de Quavallen received 26 s. 18 d./ month, while Alazeta Barbarina received 20 s./ month for the care that she provided for "*los enfans de l'espital*," presumably in-house. This rapid increase reflects the general demand for labour in the wake of the Black Death.

Smail has pointed to wage inflation in the agricultural sphere as one of the primary

⁸⁷⁵ Fabre has examined the subject of salary in *Histoire des hôpitaux*, 385-391.

causes for the widespread loss or abandonment of land in Marseille in the years following the Black Death.⁸⁷⁶ With fewer people available to work the land, agricultural wages became, for many, prohibitively high. In response, in January 1348, the municipal council fixed the salaries for agricultural labourers at 4 s. per day for men and 2 s. 6 d. per day for women. The city faced the issue of inflation, again, with the reappearance of the plague in 1361, and in February of that year, they forbade labourers who tie the vines to demand more than 4 s. per day and those who dig more than 4 s. 6 d. per day.⁸⁷⁷ As the wages from the accounts of Saint-Esprit reveal, however, neither labourers nor landowners heeded this rule. According to Smail, employers sometimes circumvented this ruling by hiring labourers on an annual, rather than daily, basis.⁸⁷⁸ Wages in Marseille continued to rise until the beginning of the fifteenth century, when they either stabilized or fell slightly. The increase in pay for the women hired to care for foundlings thus reflects a widespread labour shortage in the city in the years of and following the Black Death, though, as the table below demonstrates, the rate at which wet nurses' pay increased in these years is unparalleled; this suggests that the shortage of women available to care for foundlings was greater than the labour shortage in other spheres., but, also, that society valued the care that they provided. As Francine Michaud has demonstrated, wet nurses in the private sphere in Marseille received significantly greater salaries than other domestic servants in this period.⁸⁷⁹ Nurses could demand more for their service because there was little competition and because society valued their work enough to pay for it.

Throughout the period under consideration, the hospital paid the nurses for their services

⁸⁷⁶ Smail, "Accommodating plague in medieval Marseille," *Continuity and Change* 11:1 (1996): 11-41.

⁸⁷⁷ *Inventaire sommaire des archives communales antérieures à 1790, série BB : Administration communale : délibération des conseils de ville; élections; nominations des maires, consuls, échevins, officiers de ville, etc.* (Marseille : Imprimerie Moullot Fils Ainé, 1909), 50, 91-92.

⁸⁷⁸ Smail, "Accommodating plague," 30-31.

⁸⁷⁹ Francine Michaud, *Earning Dignity: Labour relations and conditions in the century of the Black Death in Marseille* (Turnhout: Brepols, 2016), 156.

in advance, at the beginning of the term for which they had been hired. If a nurse failed to fulfil her contractual obligation, she was required to return all or a portion of the payment to the hospital; thus, the hospital sometimes required a second individual to act as guarantor (*fermansa*). Twenty-three entries note a guarantor. In fourteen of these cases, a husband fulfilled this legal function. In 1330, for example, Peire de Vifarns acted as guarantor for his wife, Guillemeta, when the hospital hired her to care for Panset for two months.⁸⁸⁰ Similarly, when the hospital hired Githa Gasina to care for Catarina on 1 December 1340, her husband acted as guarantor.⁸⁸¹ Other family members or members of the community might also serve in this role. In 1330, for example, Dousana Vifarns acted as guarantor for her daughter, Sanseta Martina, so that she could care for Catarina,⁸⁸² and, in 1338, Tomaza Folquiera's uncle, Peire Beltarn, acted in this capacity.⁸⁸³ If an infant died shortly after a nurse received him or her, the nurse or her guarantor was required to render the payment; thus, when Guillemeta Paula took in Peiron on 25 May and he died on 2 June, her guarantor, Johaneta Auriella, returned to the hospital, on behalf of Guillemeta, 3 s. 6 d. of the 5 s. received.⁸⁸⁴ Nurses were also expected to return some or all of their payment when they returned an infant to the hospital before they completed most of their term of employment, as was the case when Sanseta Martina (above) returned Catarina to the hospital along with the 5 s. she had received for her care, and, sometimes, if the infant died before the completion of the *tes*, as in 1402, when the hospital collected 2 *lib.* 4 s. 9 d. from a wet

⁸⁸⁰ 1 HD E 2 (unfoliated): *Item. ave[m] paguat a Guillemeta de vifarns moller de p. vifarns q[ue] esta e[n] la travesa della sallis pres a xxii d'abril i e[n]fant mascle q[ue] a no[m] panset e fon paguada de ii mes e agut ferma[n]sa son marit rendet l'enfant q[ue] mori a ix de mai...x s.*

⁸⁸¹ 1 HD E 8 (unfoliated)

⁸⁸² 1 HD E 2 (unfoliated): *Item. ave[m] paguat a sanseta martina q[ue] esta e[n] lo borquet dels uves (?) q[ue] pres i filla q[ue] a no[m] quatarina e fan a ii jor[n]s de juin fan paguada p[er] i mes...v s./ ferma[n]sa sa maire na dusana de vifarns/ rendet l'enfant e re[n]det los v s.*

⁸⁸³ 1 HD E 7, f.10v

⁸⁸⁴ 1 HD E 5, f.80r : *Item. ave[m] baillat a xxv de mais a Guillemeta paulla q[ue] esta e[n] lo borquet de sant agostin i e[n]fant mascle q[ue] a no[m] peiro[n] e agut d'un mes...v s./ mori l'enfant a ii de juin/ rendet nos johaneta auriella p[er] Guillemeta paulla q[ue] era fermansa...iii s. vi d.*

nurse for “restitution” after the infant died.⁸⁸⁵

5.4 Fates of Foundlings

The hospital accounts often obscure the fates of foundlings. Scribes appear to have recorded deaths with relative consistency. If an infant survived, they might stay with one nurse or more for several years before disappearing from the records. Rarely, a family who fostered an infant might adopt him or her. Outside of these circumstances, little is known.

On rare occasions, an infant might be returned to his or her parents. This transpired when the hospital cared only temporarily for children during the illness of one of their parents, or when parents reclaimed their abandoned infants, as was the case in 1332 (above), when Alazeta was returned to her mother, who lived in the Puylobier.⁸⁸⁶ Even more rarely, a foundling might find a more permanent home with their foster family. This was the case in 1331, when, after caring for Jomet from December to April, Avenias and her husband, Bertran Ripert, decided to keep the infant to nourish without receiving anything in return (*retent l'enfant p[er] noirir ses pres negu[n]*).⁸⁸⁷ It is unclear whether or not this is an example of adoption, a practice that Lucie Laumonier has examined for medieval Montpellier.⁸⁸⁸ The records reveal nothing of the infants who remained in the hospital's charge.⁸⁸⁹

They do reveal mortalities. Infant mortality rates varied from year to year, sometimes significantly. Mortality rates can be calculated with accuracy for only eight registers; the

⁸⁸⁵ 1 HD E 22, f. 70v: *Item. ais que ha reseuput della filha de belloni per restitussion de i mes de i filha que noyriria dell'espital quar l'enfant mori montu lib. doas s. catre d. huech...lib. ii s. iii d. viii*

⁸⁸⁶ 1 HD E 5, f.77r.

⁸⁸⁷ 1 HD E 3, f.89r: *Avenias bailla moll[er] de B[ertran] ripert q[ue] esta e[n] la cariera de las quartas a l'espero[n] baillem i enfant mascle q[ue] a nom jomet a iii dezembre baille[m] li...v s./ ay ans li baillem peri autre mes...v s./ Item. a v fevrier...v s./ Item a viii de mars li baillem...v s./ Item. a v abril...v s./ retent l'enfant per noirir ses pres negun*

⁸⁸⁸ Lucie Laumonier, “Manières de parenté : les formes de l'adoption dans la région de Montpellier au XVe siècle,” *Annales du Midi* 289 (2015) : 7-24.

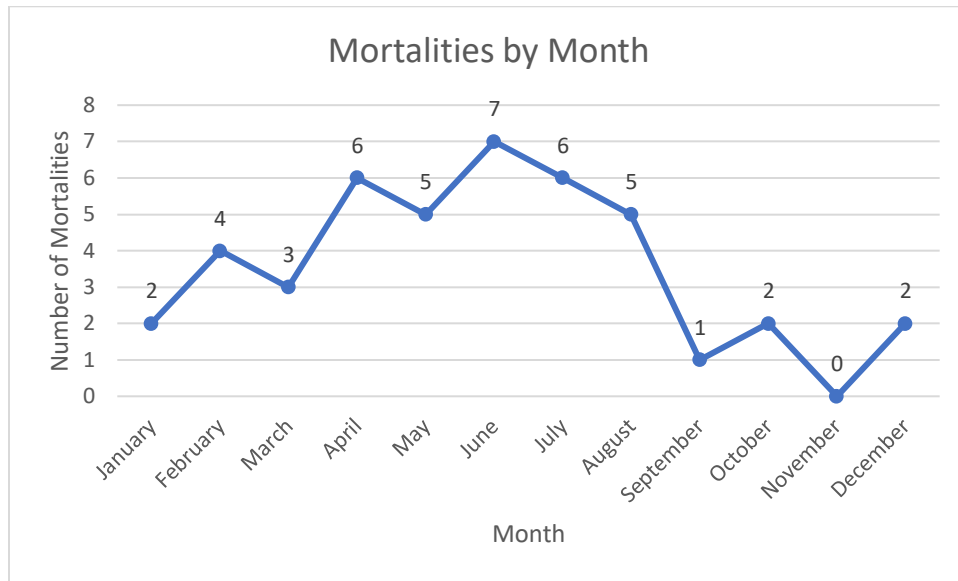
⁸⁸⁹ A reference from 1333 to expenses *per maridar la garsona* present the possibility that the hospital continued to care for abandoned infants even after they were weaned (1 HD E 6, unfoliated).

remaining registers lack either records of mortality or the individual names necessary to calculate total infants abandoned in a given year. As Table 5.1 illustrates, infants abandoned to the hospital faced a 44.25 percent chance of dying while in the care of a nurse, a rate high but not surprising for this period. The summer months were the most fatal, with the period between April and August having the highest number of mortalities (between five and seven), with lower rates in the cooler period between September and March, and no mortalities in the month of November (see Figure 5.3). Female infants also faced a higher mortality rate (50.13 percent) than male infants (38.53 percent), with an 11.6 percent greater chance of dying while in the care of a nurse than male infants. We might tentatively conclude from this discrepancy that male infants received better care than their female counterparts.

Table 5.1: Infant mortality rates

Year	Abandonment			Mortality			Mortality rate by sex (%)		Mortality rate (%)
	Males	Female	Total	Male	Female	Total	Male	Female	Total
1330-1331	4	5	9	1	5	6	25	100	66.6
1332-1333	6	8	14	2	3	5	33.3	37.5	35.7
1333-1334	3	11	14	2	3	5	66.6	27	35.7
1338-1339	4	3	7	2	1	3	50	33.3	42.8
1340-1341	3	3	6	1	1	2	33.3	33.3	33.3
1342-1343	4	10	14	1	7	8	25	70	57.1
1409-1410	2	3	5	1	1	2	50	33.3	40
1430-1431	4	3	7	1	2	3	25	66.6	42.8
Average mortality rate							38.53	50.13	44.25

Figure 5.3: Monthly infant mortality rates



Just as the hospital provided for the baptism of infants abandoned at their doors, so they provided for their burials. Palamida was left at the hospital on 26 May 1409. The hospital contracted Johamona to care for Palamida for one year and would pay her 24 florins for the year. On 5 August of that year, however, Palamida died. The hospital purchased a shroud and candles for her burial.⁸⁹⁰ On 6 July 1431, the hospital baptized an infant girl under the name Alayeta. Alayeta lasted only a few days with the nurse the hospital hired to care for her. She died and was buried on 22 July, wrapped in the shroud of linen the hospital had purchased for her.⁸⁹¹ On 10 December of that same year, a baby boy was abandoned to the hospital. The hospital baptized him at Notre-Dame des Accoules under the name Johan. *Monsieur* Johan lo Camus served as his

⁸⁹⁰ 1 HD E 28 (81v): *Item. a xxvi de may fom gitat a l'espital i enfant que a nom palamida/ lo razo de Johama/ Item. a viii de jun baylien a noyrir lo dich enfant a johamona molher de [blank] e due ganhar l'an xxiiii fl. Ai li paguat p[er] lo mes dos fl. montan...iii lib. iiii s./ Item. li ay paguat p[er] i lensol p[er] far petass[us] a l'enfant ii blanc...lib. iii s. iiii d./ Item ay paguat a la dicha Johamona p[er] lo segon mes ii fl...iii lib. iiii s. d./ Item. a v d'aost mori lo dich enfant ay paguat p[er] son suari iiii s. viiii d. p[er] candelas iii s. iiii d. montant iii g....lib. viii s. d.*

⁸⁹¹ 1 HD E 37 (48r): *l'an 1431 sie recorta[n]sa que diluns a vi de juillet fom portada i filha a l'espital de sant sperit de mass[elha] fom bateyada en la gleysa de las acoas son nom es alayeta la mayrana es donna douselina el parrin es mossen. Raymon san cappelan fom pausada a la porta sus la ora de v jorn trobet la peyret morna ____... avem la facha sostenir que no[n] era p[er] terme fin a la dimege venent que tevictin(?) xxii de juillet que fom la jorn de la maudalena acostar de far la sostenir...fl. gr. vii/ fom sebelida dime[n]ge a xxii de juillet l'an sus dich. Item ag[ut] pagem p[er] iii pals de tela p[er] lo suari e p[er] la cubrir...fl. gr. i g. ii*

godfather. When the infant Johan died only thirteen days later, the hospital buried him.⁸⁹² And an entry from 1449 notes that, when an unnamed infant of the hospital died, they used half of a piece of linen for winding cloth, and the other half to carry her to the hospital, as was customary.⁸⁹³

5.5 Conclusion

The hospital's concern for the spiritual as well as physical wellbeing of the infants in their care underscores its function as a community in the city. These infants were, as Le Blévec has put it, "without family." The hospital responded to this absence. They ensured their survival through the employment of wet nurses, whose high rates of compensation illustrate the value placed on their services, and ensured their salvation through baptism and burial. Baptism incorporated them into both the civic community of Marseille through the naming of godparents and the broader Christian community. And burial by the hospital provided them, like the sick who died there, assurance of a community in the afterlife, through commemoration and prayer.

⁸⁹² 1 HD E 37 (48r): *l'an 1431 dimars a x de dese[m]bre fom portat i enfant en lo dig espit[al] de sant esperit fom bateyar en la gley[s]a de las acoas son nom es johan son payirin sen. Johan lo camus lo peretier lo dig jorn fon baylat a rabeta molher de monet rabeta agu i fl...fl. i/ Item. fom sebelit lo dich enfant dimenge a xxiii de dese[m]bre"*

⁸⁹³ 1 HD E 43, f. 109r: *Die xxviii septembre mortua fuit una de nostris infantulus nostri hospitalis et fuit involute in uno medio linteamine et cum alio medio fuit portati ad ecclesiam ut moris est et ista linteamine sunt consumpta...lintamine...i*

Conclusion

In November 2018, the New York Times published an article on the enduring poverty crisis in Marseille. In it, Adam Nossiter describes how two buildings in the city had collapsed that month, killing eight people. In response, city officials evacuated 1,054 people from 111 crumbling buildings. But that was only a small portion of the 40,000 dwellings which, in a 2015 report, were deemed unsafe and which affected 100,000 of the city's inhabitants. These figures – though remarkable in themselves – are symptomatic of a broader socio-political issue in the city:

Marseille, France's second-largest city and one of Europe's poorest, is facing a housing crisis that, more deeply, is a crisis of poverty. More than a quarter of the population is officially poor. Many are asking why it has taken officials so long to address the dire conditions of what Marseille's persistent poverty says about the neglect of 'the other France' – in part immigrant and poor – whose decline long preceded President Emmanuel Macron's pro-market changes, and easily threatens to outlast them.⁸⁹⁴

Nossiter's article captures the social attitudes that structure Marseille's response, today, to the poor and marginal in the city. This study has sought to understand this response in medieval Marseille. In some ways, the differences between the socio-cultural structures that inform approaches to poverty in the medieval and modern periods are too apparent to justify comparison. In the Marseille to which Nossiter's article speaks, responses to the poor and, often inextricably, immigrant are shaped by concepts of national identity, state responsibility, politics, cultural and religious tensions, and concern for human rights; in the Marseille to which the accounts of Saint-Esprit speak, these responses were shaped by concepts of Christian charity and civic responsibility. But, in many other ways, the parallels between the issues facing modern authorities and the concerns of their medieval predecessors are striking. In both periods, civic authorities face/d issues of prescription and implementation of relief in the city, issues behind

⁸⁹⁴ Adam Nossiter, "As Slums Teeter in Marseille, a Poverty Crisis Turns Deadly," *The New York Times*, November 19, 2019, <https://www.nytimes.com/2018/11/19/world/europe/france-marseille-building-collapse.html>.

which lie a question of construction and categorization – sometimes explicit, sometimes tacit – of “deserving” and “undeserving” poor and, more broadly, of inclusion and exclusion. If the Hospital of Saint-Esprit’s response to need institutionalized a concept of civic religion, rather than a modern concept of state responsibility, there is, as Terpstra has noted,

little exclusively theological in civic religion. Its political, economic, sociological, and anthropological dimensions allow us to explore how medieval people asserted their economic power, negotiated social inclusion and exclusion, managed politics, and haltingly pursued unity so they might achieve co-existence. Theological values and institutions gave them a framework and language, some valuable tools, and distinct goals.⁸⁹⁵

It is these frameworks, languages, and goals that distinguish medieval and modern narratives of poverty and relief in Marseille, and it is with these frameworks, languages, and goals that this study has been concerned.

The concept of civic religion provides a framework for understanding the role that the hospital played in the community – and as a community – in fourteenth- and early fifteenth-century Marseille. As Chapters One and Two illustrated, Saint-Esprit institutionalized concerns that were inextricably Christian and civic. From the early thirteenth century, the Church emphasized an active piety realized most clearly through charitable care for the poor, who came to play an integral role in the economy of salvation. The poor, in their suffering, represented the suffering of Christ and, as *pauperes Christi*, were both worthy beneficiaries and powerful spiritual mediators for their benefactors; care for the poor – either directly or through donation – simultaneously alleviated the suffering of the poor and allowed individuals to play an active role in their own salvation. The Hospital of Saint-Esprit’s care for the poor through the performance of the seven corporal works of mercy institutionalized this charitable ideal. At the same time, the municipal council of Marseille oversaw the administration of the hospital, although daily life

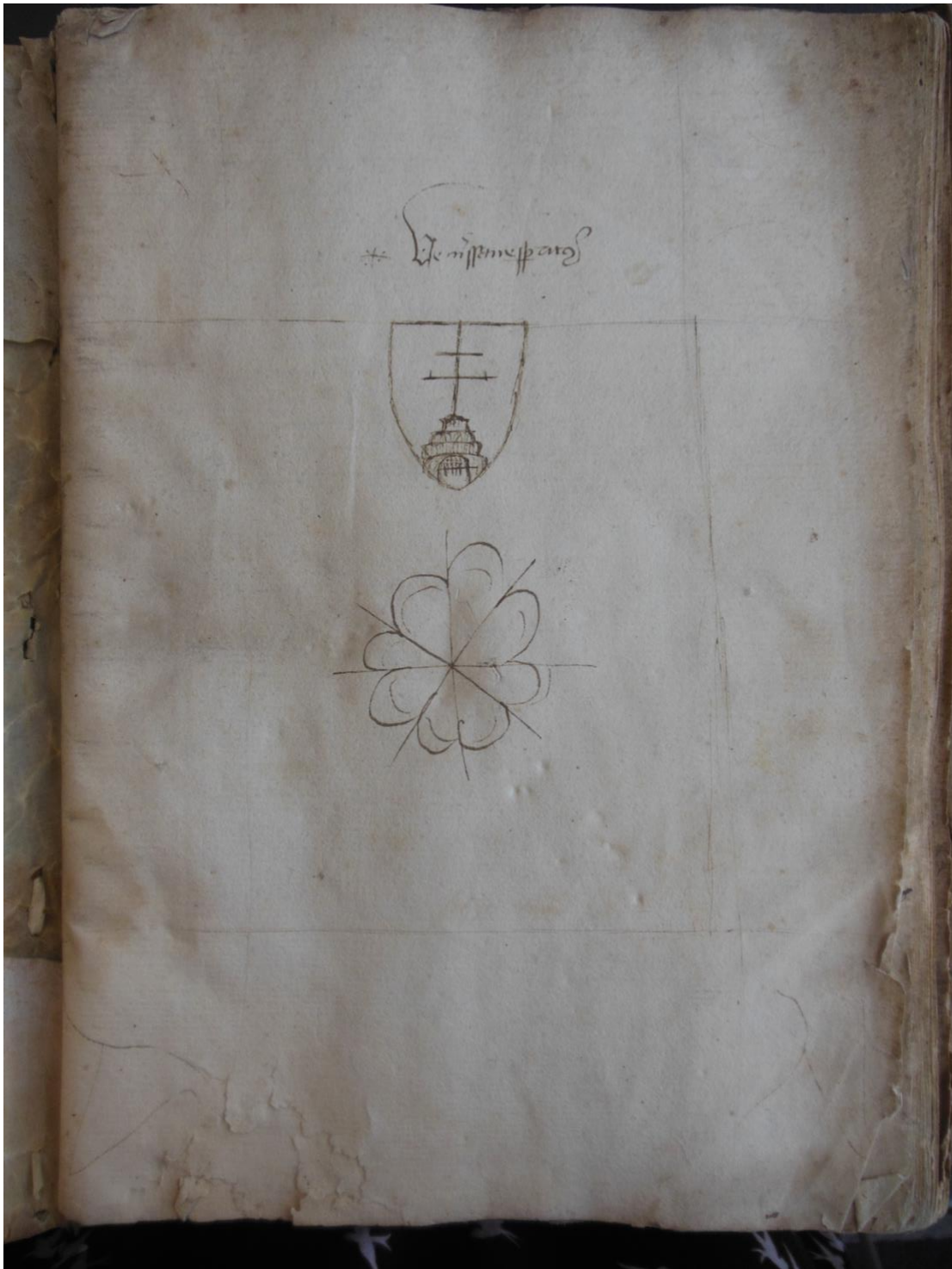
⁸⁹⁵ Terpstra, “Civic Religion,” 163.

within its walls continued to conform to a quasi-monastic model. Saint-Esprit thus served also as an expression of civic aspiration and responsibility in Marseille, employing a Christian framework for civic goals. Citizens used the post of rector as a strategy for political ascension; association with the hospital granted socio-political capital to benefactors; and the hospital responded to the needs of the body politic in Marseille. At times, this need was notably civic, as when the Hospitals of Saint-Esprit and Saint-Jacques-de-Galice lent the city 1,000 florins, or when Saint-Esprit provided funds for gunpowder and shelter for an army commander during a period of conflict in the city. But, as Chapters Four and Five illustrated, more often, this need was more mundane. The Hospital of Saint-Esprit provided care to individuals who otherwise lacked networks of assistance in the city. Pursuit of care at the hospital thus speaks to a need that was social, as well as physical and financial. This need was borne sometimes of situation and sometimes of circumstance and was often shaped by the rhythms of the port, which brought into the city travellers dislocated from their communities. The Hospital of Saint-Esprit provided care through community, both in this life and in the next. By tending to the physical needs of the sick, wounded, and abandoned, they served as a community for those who otherwise lacked one in the city; through the enactment of rituals like baptism, burial, prayer, and commemoration, they incorporated into a community in the afterlife those who lacked one in this life.

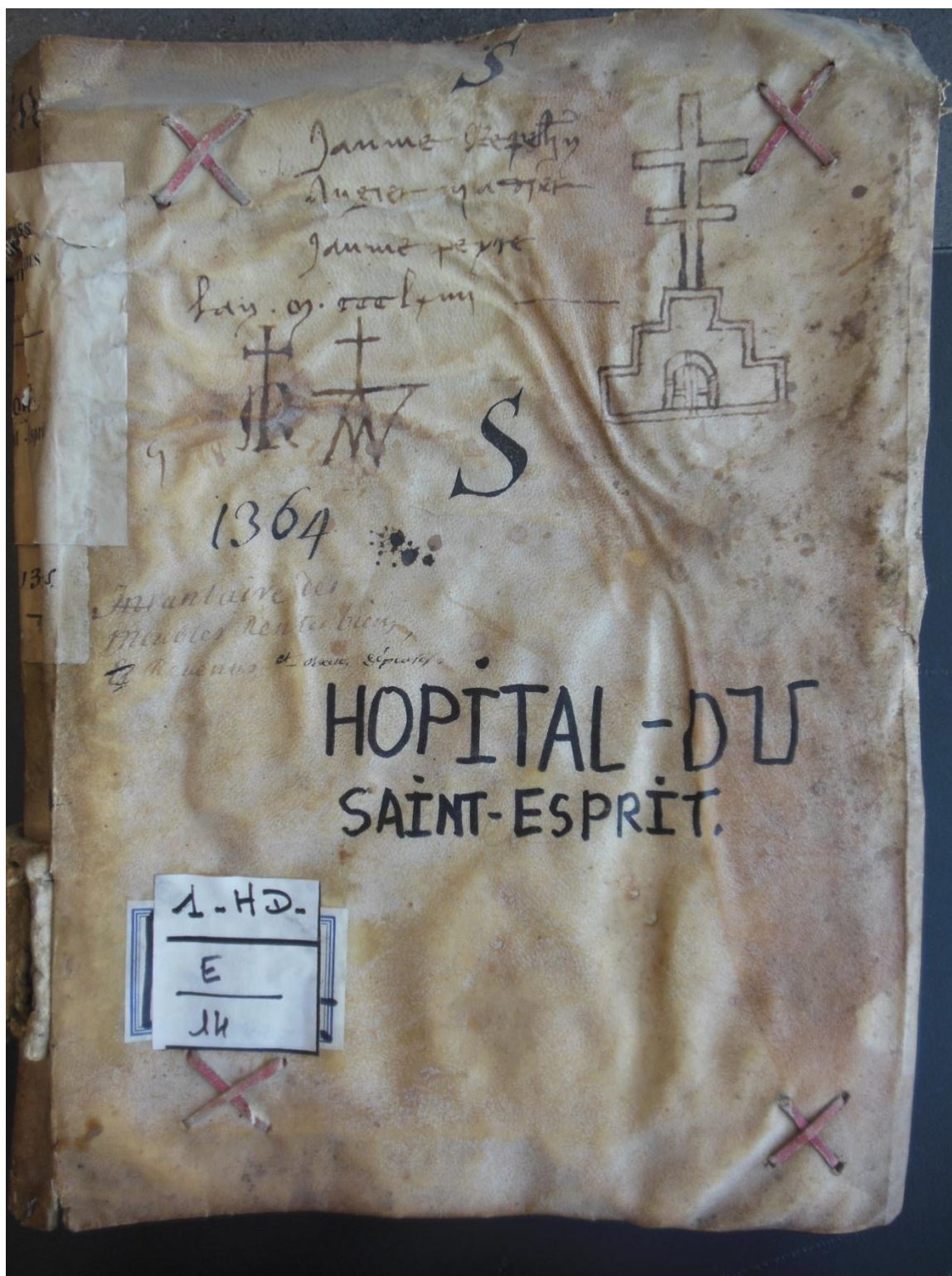
As a social history of an institution, this study has captured only institutional approaches to poverty. It has attempted, at times, to reconstruct inversely the experiences of the poor from the care they received. But, if the hospital accounts provide glimpses of the identities and situations of the individuals who received care within its walls, they ultimately obscure their voices and experiences. Individuals emerge as constructs of institutional priorities. As financial accounts, the records contain only rare narrative insights into individual circumstance,

accounting the details of individuals incidentally to the income or expenditure by which they came to enter the record. Yet, even as constructs of institutional priorities, these details shed light on the nature – if not the experience – of need in a late medieval city. Through them, we learn not only the physical contours and textures of everyday life, but also the social circumstances and instabilities, physical afflictions, and spiritual insecurities of the individuals for whom the hospital cared. And the *differences* in detail between the early fourteenth and early fifteenth century – an observation afforded by the broad temporal scope of the study – reveals a shift in institutional priorities across the period under consideration. Whether individuals and details superfluous to expenditure emerge increasingly in the records in the early fifteenth century as a result of a shift in record keeping practices or a broader shift in the mentalité of the period, they indicate a subtle reformation of institutional priorities in late medieval Marseille. This study, thus, has attached significance to the priorities of the records in order to access not only the frameworks that shaped these priorities but also the circumstances of the individuals around whom the frameworks were built – the poor and socially marginal of late medieval Marseille.

Appendix A: the Lorraine Cross



Folio from ADBdR 1 HD E 32



Cover of ADdBDR 1 HD E 14

Appendix B: Notarial act from 1396 concerning Jacme and Guilhelmeta Revelhon

(ADBdR 1 HD F 1)⁸⁹⁶

In nomine domini nostri Jehsu Christi amen. Anno incarnationis eisdem millesimo tricentesimo nona-
-gesimosexto die martis vicesimanona mensis Augusti hora circa nona ex tenore huius publica instrumenti sit
notum universis et singulis tam presentibus quam futuris quod jacominus Renelhoni et Guillmeta coniuges de
lozena comitatus sabandie nunc habitatores civitatis massilie Affectantes ac considerantes quam plurimum
denota mente servire deo omnipotenti ac gloriare virgini marie matri sue et ipsius Christi pauperibus videlicet in hospitale
sancti spiritus dicte civitatis ea propter dicti coniuges volentes ipsi eorum salubri desiderio domino cooperante spiritu
satisfacere ac dare operam fructuosam ipsa vero Guillmeta cum auctoritate licencia e consensus dicti jacomini
mariti sui sibi pro eum gratis presitis per omnibus et singulis infrascriptis bonafide sine omni dolo e fraude
gratis et ex eorum certa sciam ambo simul et uterque inso[lidu]m pro se et suos se et eorum quecumque opera dedicaverunt
dederunt et obtulerunt ad serviendum deo et beate ac gloriose virgini marie matri sue ac Christi pauperibus
sanis et egris in dicto hospitali habitantibus et ad ipsum hospitale confluentibus nunc vel infuturum quovis
modo omni die hora et tempore ipsorum coniuges vice tempore perdurante presentibus ibidem nobili et sapientibus viris
Guillemo de Sancto Egidio et Jacobo Trelhe nunc rectoribus dicte hospitalis hoc Anno electis ad Regimen
gubernationem et administrationem ipsius hospitalis ac iurium et bonorum eiusdem per curiam regiam et generale
consilium civitatis predicte ac stipulantibus solemniter et Recipientibus vice ac nomine eisudem hospitalis cum
hac vero conditione sequenti videlicet quod rectores ipsius hospitalis presentes et futures teneant et debeant provi-
-dere dictis Jacomino et Guillmete conjugibus et eorum utrique eorum vita durante in quibuscumque eis ad victum
et vestitum necessariis quovismodo ipsosque custodire in ipso hospitali sanos et infirmos nec eos seu eorum alteram

⁸⁹⁶ This notarial, as discussed on p.99, outlines the terms by which the married couple, Jacme and Guilhelmeta Revelhon, gave themselves in service of the hospital. As a sort of contract, it details the obligations of both parties – the couple and the Hospital of Saint-Esprit.

a dicto hospitali seu eius servitio expellere nec expelli facere quamdiu vixerint et se bene honeste et fideliter gesserint in servitio dicti hospitalis et Christi pauperum predictorum. Et propterea promiserunt dicti Jacominus et Guillemeta conjuges cum auctoritate et consensus predictis prefatis Rectoribus presentibus et ut super stipulantibus solemniter et Recipientibus servire et administrare queque necessaria dictis pauperibus juxta posse et que erunt boni legales et fideles dicto hospitali utilia ipsius hospitalis agendo et procurando et inutilia pro viribus evitando quodque erunt ex nunc decetero obedientes dictis Rectoribus et eorum in dicto officio successoribus quibuscumque ac facere eorum precepta serviendo dicto hospitali et predictis pauperibus in quibuscumque licitis et honestis ac etiam signum dicti hospitalis portare in eorum vestibus videlicet ante pectus prout alii donati eiusdem hospitalis ipsum portare sunt soliti nec se amovere a dicto hospitali seu eius servitio eorum vice tempore perdurante Sub emenda et Restitutione integra omnium sumptuum dam[pn]orum et interesse quos que et quod ipsum hospitale vel suos pati facere incurrere vel sustinere oppoteret et in curia vel extra litigando seu alius quovismodo culpa seu deffectu dictorum conjugum seu alterius ipsorum et pro firmitatis obtentu et inviolabili observantia omnium premissorum de quibus sumptibus dam[pn]is et interesse credere et stare promiserunt dicti conjuges ambo simul et uterque inso[lidu]m cum auctoritate et consensus predictis solis ipsorum Rectorum et successorum suorum in dicto rectorie officio simplicibus verbis tamen sine sacramento testibus et omni alia probatione Sub expressa ypotheca et obligatione omnium bonorum dictorum conjugum et utriusque ipsorum inso[lidu]m presentium et futurorum super quibus omnibus et singulis renunciaverunt dicti Jacominus et Guillmeta conjuges cum auctoritate et consensus predictis scienter et expresse omni juri juvanti deceptos omnique Juris et facti ignorantie ipsa vero Guillmeta de sequentibus juribus sibi competentibus prius certificata renunciavit beneficio vellayani senatus consulti iuri ypothecarum⁸⁹⁷ et legi Julie de-

⁸⁹⁷ See Pryor, 266: *ius ypothecarum*: In 530 AD Justinian extended the provisions of the *Lex Julia de fundo dotali* to non-Italian lands and made hypothecation of dotal lands illegal even with the wife's permission.

-finido dotali⁸⁹⁸ et illi autentice incipienti signa mulier amboque simul induciis viginti dierum et quatuor mensis exceptionique presentis contractus non sit facti et non celebrati ac spey future celebrationis eiusdem et omni alii exceptioni doli mali actioni infactum et conditioni indebiti sine causa justa vel ex injusta et omni alii exceptioni defensionis et juri divino humano canonico et civili quibus mediantibus contra premissa vel aliquid premissorum possent simul vel divisim facere vel venire aut se juvare in aliquo quomodolibet seu tueri Et ita attendere complere et inviolabilitur observare omnia et singula supradicta et contra in aliquo tamquam facere vel venire juraverunt dicti jacominus Revelhoni et Guillemeta conjuges cum auctoritate et consensu predictis super sancta dei evangelia ab eis et eorum utroque sponte corporaliter manibus tacta De quibus omnibus et singulis supradictis dicti rectores nomine dicti hospitalis petierunt eis fieri publicum instumentum dicti vero conjuges aliud instrumentum publicum eus fieri postularunt. Actum massilie in aula domus dicti nobilis Guillemi de sancto egidio presentibus domino syffredo palholi cappellano domino philippo de bosco [1 word illeg.] [2 words illeg.] et richardo gaudioni sartore habitatoribus dicte civitatis massilie testibus ad premissa vocatus specialiter et rogatis Et me Stephano stephani notum publico habitatore massilie ubique terrarum imperiali auctoritate constituto qui in premissis omnibus unacum prenomnatis testibus presens sui eaque omnia in notam suprascripti legi et publicam Et de [1 word illeg.] requisitus et rogatus a dictis rectoribus de premissus hoc publicm instrumentum manu propria scripsi et signo mes solito signam in fidem et testimonium omnium et singulorum premissorum in perpetuo

⁸⁹⁸ See Pryor, 267: *Lex Julia de fundo dotali* (Roman Law) – law of 18 BC which was part of Augustus’ regulation on adultery. The husband was prohibited from hypothecating, without his wife’s permission, lands in Italy which were a part of her dowry.

Appendix C: Patient Information

1 HD E 43 (1449-1450)

- From the *Galea Rubea* or a captured Catalan ship
- From the galley of Antoni Tomasi
- From the galley of Phillip Johanus of Florence
- From an unnamed galley

Patient	Arrived	Departed	Died	Affliction	Provisions ⁸⁹⁹	Notes
Julianus Arban de Niccia	1 August	20 August		Burned (<i>crematus</i>)	• Chicken; mutton; eggs;⁹⁰⁰ (white) bread	
Gerardus de Seyna	1 August	20 August		Burned (<i>crematus</i>)	• Chicken; mutton; eggs; (white) bread	
Clemens Mighin de Paris	1 August		26 August	Burned (<i>crematus</i>)	• Chicken; mutton; eggs; (white) bread Burial: • Shroud • Four large, eight small candles for funeral • Grave	
Ranuccius Corsus	1 August		17 August	Burned (<i>crematus</i>)	• Chicken; mutton; eggs; (white) bread • Holy oil • 2 <i>scutellas</i> • 13 candles Burial: • Shroud	

⁸⁹⁹ Cost has not been recorded, as some sums entail multiple purchases

⁹⁰⁰ Chicken was given to individuals who were gravely ill, greatly sick from fever, or “in greatest danger of death” (*in maximo periculo mortis*); mutton to those who were suffering as seriously from fever (*aliis quo non errant tam fortiter graviti de febre*); and eggs to those “who neither were able nor wanted to eat meat” (*aliis que non poterant nec colebant comedere carne*). Chicken was boiled and ground (*coqui et moliri*) for the very sick.

					• Four large, eight small candles for funeral • Grave	
Johan Danan de Burgundia	1 August	28 August		Burned (<i>crematus</i>)	• Chicken; mutton; eggs; (white) bread	
Johan Anton de Dalphinata	1 August	28 August		Burned (<i>crematus</i>)	• Chicken; mutton; eggs; (white) bread	
Andreas de Mayorica	1 August	7 August		Burned (<i>crematus</i>)	• Chicken; mutton; eggs; (white) bread	
Petrus Bos de Hughetta Sardinea	1 August	11 August; 31 August		Burned (<i>crematus</i>)	• Chicken; mutton; eggs; (white) bread	
Petrus de Cordua	1 August	7 August		Burned (<i>crematus</i>)	• Chicken; mutton; eggs; (white) bread	
Antonissa de Yspania	1 August	17 August		Burned (<i>crematus</i>)	• Chicken; mutton; eggs; (white) bread	
Laççarus de Florentia	1 August	25 August		Burned (<i>crematus</i>)	• Chicken; mutton; eggs; (white) bread	
Crilla de Castro Santi Johanis de Ytalia	1 August	25 August		Burned (<i>crematus</i>)	• Chicken; mutton; eggs; (white) bread	
Franciscus de Monte Copuli	1 August		22 August	Burned (<i>crematus</i>)	• Chicken; mutton; eggs; (white) bread • Holy oil • 2 <i>scutellas</i> • 13 candles Burial: • Shroud • Four large, eight small candles for funeral • Grave	Gravely wounded (<i>graviter vul[n]erati</i>)

Johanes de Tortosa	1 August		31 August	Burned (<i>crematus</i>)	• Chicken; mutton; eggs; (white) bread • Holy oil • 2 <i>scutellas</i> • 13 candles Burial: • Shroud • Four large, eight small candles for funeral • Grave	Gravely wounded (<i>graviter vul[n]erati</i>)
Michael de Mayorica	1 August	31 August		Burned (<i>crematus</i>)	• Chicken; mutton; eggs; (white) bread	
Johanes de Seyna	1 August		31 August	Burned (<i>crematus</i>)	• Chicken; mutton; eggs; (white) bread • Holy oil • 2 <i>scutellas</i> • 13 candles Burial: • Shroud • Four large, eight small candles for funeral • Grave	
Johanes Munier	28 August	10 October			• Chicken; mutton; eggs; (white) bread	Placed in the care of the women of the city.
Johanes Jacobi	28 August	5 October			• Chicken; mutton; eggs; (white) bread	Placed in the care of the women of the city.
Battista Corsus	28 August	27 September			• Chicken; mutton; eggs; (white) bread	Placed in the care of the women of the city
Matheus Corsus	28 August	25 September			• Chicken; mutton; eggs; (white) bread	Placed in the care of the women of the city.

Franciscus de Vinetiis ⁹⁰¹	28 August	28 September		Feverish and wewak (<i>febricantes et debiles</i>); swollen foot and inability to walk (<i>pedum inflatorum et non potest ambulare</i>)	• Chicken; mutton; eggs; (white) bread	Placed in the care of the women of the city. Franciscus appears periodically throughout these entries; it seems he departed and returned more than once, though there is no record of his final departure.
	1 November	16 November				
	19 December					
Petrus Sparti de Dalfinatu	8 September		13 September		• Holy oil • 2 <i>scutellas</i> • 13 candles Burial: • Shroud • Four large, eight small candles for funeral • Grave	Placed in the care of the women of the city.
Antonius Johannis de Riparia Jaune	8 September		17 September		• Holy oil • 2 <i>scutellas</i> • 13 candles Burial: • Shroud • Four large, eight small candles for funeral • Grave	Placed in the care of the women of the city.
Matheus Antonii Dalfinale	8 September		9 September		• Holy oil • 2 <i>scutellas</i> • 13 candles Burial: • Shroud • Four large, eight small candles for funeral	Placed in the care fo the women of the city.

⁹⁰¹ The last explicit reference to him appears on 48v, when he is listed amongst those in the hospital. It is possible that he remained a patient into the new register year, which is why we have no mention of his departure or death.

					• Grave	
Bartholomeus Antonii Dalfinale	8 September		10 September		• Holy oil • 2 <i>scutellas</i> • 13 candles Burial: • Shroud • Four large, eight small candles for funeral • Grave	Placed in the care of the women of the city.
Petrus [blank]	8 September		11 September	Old and gravely ill with fever (<i>infirmus graviter de febre</i>)	• Holy oil • 2 <i>scutellas</i> • 13 candles Burial: • Shroud • Four large, eight small candles for funeral • Grave	
Johanes de [Pariso]	21 September		18 November	Greatly burdened by fever (<i>fortiter gravatus de febre</i>); old (<i>senex</i>)	• Chicken; bread; fresh eggs; mutton • Clyster • Eight stamped candles (<i>candelis signatis</i>) • Holy oil • 2 <i>scutellas</i> • 13 candles Burial: • Shroud • Four large, eight small candles for funeral • Grave	It is assumed that the Johannes de [blank] who entered on 21 September is Johanes de Pariso, as there is, otherwise, no departure date for the former and no admission date for the latter. On 10 October, his expenses were moved over to those of the regular house, rather than of the sick, as he the administrator believed him to be incurably sick.

Johanes de Basilea	18 October	5 November		Greatly ill with fever (<i>fortiter febricitantes</i>)	• Broth; chicken; bread; fresh eggs; mutton; scorpionfish • Communion • Holy oil • 2 <i>scutellas</i> • 13 candles Burial: • Shroud • Four large, eight small candles for funeral • Grave	Received nothing to eat for the first two days, as he was very sick with fever; on the third day he was given, on the order of <i>magister</i> Vincentii, broth to drink. On 10 October, he was given communion and holy oil; his condition improved briefly, until he died on 5 November.
Maccinus de Porto Galletto	23 October	9 November		Injured kidneys (<i>ruptis renibus</i>)	• Chicken; bread; eggs; mutton; scorpionfish • Plaster	
<i>Dona</i> Dominica	13 November		29 November		• Chicken; bread; eggs; mutton • Holy oil • 2 <i>scutellas</i> • 13 candles Burial: • Shroud • Four large, eight small candles for funeral • Grave	
Johanes de Sivilia	18 November		2 December		• Chicken; bread; eggs; mutton; scorpionfish • Holy oil • 2 <i>scutellas</i> • 13 candles Burial: • Shroud	

					• Four large, eight small candles for funeral • Grave	
Margarita	5 December	31 January		Greatly ill with fever and almost dead (<i>fortiter febricitantes et quasi defecerat</i>)	• Chicken; bread; eggs; mutton; wine; ⁹⁰² swordfish	Member of the ordinary household (servant of Peire Blancard). Scribe notes, on 31 January, that was she is well enough to return to daily life in the house, being well enough and cured, though still not able to walk; and her expenses, therefore, will no longer be placed in the expenditures for the sick, but amongst the daily expenses and those of the ordinary household family.
Peyrona	12 December	29 December		Sick with fever and multiple other afflictions (<i>infirmi de febre et aliis compluribus infirmitatibus</i>)	Chicken; bread; eggs; mutton; wine; swordfish	
Loppe della Pruna	5 February		24 February	Sick with fever and plagued, first, by chills and, then, by hot flashes (<i>cum duabi febris et fortiter vexabatur a frigore et postea acalore</i>)	• Fresh eggs; chicken (ground, when he was weak); bread; (white) wine; sugar • Medicine (<i>medicina</i>) • <i>agua concocta</i> with rose sugar • Clyster • Marrow (<i>medelatam</i>) • Syrup	Rower (<i>galliego</i>). Gravely ill on 18 February, when they purchased the candles for him.

⁹⁰² It seems that the hospital ran out of their store of wine around this time (*quare nostrum nil; quare nostrum vino non erat sufficiens pro infirmes*), as every day after there appears an expenditure for wine from the tavern, and the entry from 29 April indicates that they spent a sum on wine from the tavern because their wine was not “complete” (*quare nostrum non erat perfectum*).

					• Bloodletting (<i>fecit flebbotomari</i>) • Stamped candles (<i>signatis</i>) Burial: • Shroud • Four large, eight small candles for funeral • Grave	
Antoni de Niccia	16 February	4 March		Great fever (<i>magna febre</i>)	• Chicken; bread; (white) wine; goat; fresh eggs; sugar; scorpionfish	
Paschale Martelli, <i>theutonicus</i>	16 February	2 March*		Broken and mangled from a fall (<i>qui ceciderat quasi totus fractus et laniatus</i>)	• Chicken; bread; white wine; goat; fresh eggs; sugar; scorpionfish	*The scribe noted on 2 March that he departed, but an entry from 9 March notes that he departed that day with Nerius de Plunbino; there appears no note of his re-entry between 2 and 9 March.
		9 March				
Battista de Poccenere	17 February	4 March		Great fever (<i>magna febre</i>)	• Chicken; (white) wine; goat; fresh eggs; bread; sugar; scorpionfish	
Nerius de Plunbino	18 February	9 March*		Fever (<i>febre</i>)	• Marrow with sugar; goat; fresh eggs; scorpionfish • Bloodletting	*The scribe noted on 9 March that he departed that day with Paschale, but an entry on 23 March notes his departure that day, as well; there appears no note of his re-entry between 9 and 23 March.
		23 March				
Valentinus Corsus	20 February	28 February		Fever and dysentery with blood (<i>febre et cum dissenterio cum sanguine</i>)	• Fresh eggs; bread; chicken; goat; scorpionfish	
Son of Johanus	21 February	24 February		Fever (<i>febre</i>)	• Chicken; (white) wine; goat; fresh eggs; bread	

Leonardus Riccius de Florentia	5 March	7 April			• Chicken; (white) wine; goat; (white) bread; scorpionfish	
Johanus Regis	7 March	19 March		Great fever (<i>maxima febre</i>)	• Chicken; (white) bread; (white) wine	
Johanus Martelli de Dalphanatu	9 March			Greatly sick with fever (<i>fortiter febricitantes</i>)	• Chicken; goat; bread; (white) wine	
Lucas de Florentia	20 March	1 April		Great fever (<i>magna febre</i>)	• Chicken; goat; bread; (white) wine; fresh eggs	The scribe noted that Lucas departed, <i>sanus et liber</i> , and returned to the galley and did not say goodbye (... <i>recessit Lucas sanus et liber et reversus fuit in galea et non dixit valete</i>).
Marchus de Florentia	10 March		18 March	Great fever (<i>magna febre</i>)	• Chicken; goat; bread; (white) wine; fresh eggs • Holy oil • 2 <i>scutellas</i> • 13 candles Burial: • Shroud • Four large, eight small candles for funeral • Grave	
Simon Feranti de Florentia	12 March	19 April		Fever (<i>febre</i>)	• Chicken; (white) bread; (white) wine; goat; eggs	
Petrus de Normandia	25 March		27 March	Great fever (<i>maxima febre</i>)	• Chicken; (white) bread; (white) wine; goat • Holy oil • 2 wooden <i>scutellas</i> • 13 candles Burial:	Beggar (<i>qui ibat mendicando</i>). On his first day, received nothing, due to his fever, and was put in bed, almost dead (<i>quasi mortuum</i>).

					• Shroud • Four large, eight small candles for funeral • Grave	
Diballoneino Bernardus de Vinetiis	25 March				• Chicken; (white) bread; (white) wine; goat; eggs	
Maldente de Dalphinatu	25 March	23 April			• Chicken; (white) bread; (white) wine; goat; eggs	
Rostanus (Ortolano) de Yllia	25 March		4 April		• Chicken; (white) bread; (white) wine; goat; eggs • Holy oil • 2 wooden <i>scutellas</i> • 13 candles Burial: • Shroud • Four large, eight small candles for funeral • Grave	
Giraut de Dalphinatu	25 March	23 April			• Chicken; (white) bread; (white) wine; goat; eggs	
Rogiero de Napoli <i>vel</i> della Calabria	27 March		29 March		• Chicken; (white) bread; (white) wine; goat • Holy oil • 2 wooden <i>scutellas</i> • 13 candles Burial: • Shroud • Four large, eight small candles for funeral • Grave	

Petrus Barbitonsor	29 March		1 April	Old and despondent (<i>senex et dispo[n]deratus</i>)	• Holy oil • 2 wooden <i>scutellas</i> • 13 candles Burial: • Shroud • Four large, eight small candles for funeral • Grave	
Luis Vidal de Tolon	4 April			Great fever (<i>maxima febre</i>)	• Goat; (white) bread; (white) wine; eggs; mutton •	
Johan Martin de Me[n]polie	4 April			Great fever (<i>maxima febre</i>)	• Goat; (white) bread; (white) wine; eggs; mutton •	
Monettus de Antibuli	13 April			Fever (<i>infirmus de febre</i>)	• <i>Agua concocta</i> with sugar • Goat; (white) bread; (white) wine; eggs; mutton •	Priest (<i>clericus</i>)
Arnosus de Barsellona	20 April			Wounded (<i>vulneratus</i>)	• Goat; (white) bread; (white) wine; eggs; mutton • Medicine (<i>medicina</i>)⁹⁰³	Arnosus arrived at the hospital, injured by galley rowers who wished to put him, by force and injury, on the galley; he fled from them and was brought to the hospital by the syndics. ⁹⁰⁴
Stephanus Narclus de Oliva	21 April			Fever (<i>febre</i>)	• Goat; (white) bread; (white) wine; eggs; mutton • Medicine (<i>medicina</i>)	Shepherd (<i>pastor</i>)

⁹⁰³ It is assumed that it was he and Stephanus who received the medicine, as they were the last to arrive, but the entry simply notes that “two of the sick received medicine on the order of the *medici*” (*duo ipsorum infirmorum acceperunt medicinam de mandato medici*)

⁹⁰⁴ *Nota que dicta die venit ad nostrum hospitale Arnosus de Barsellona vulneratus a galleottis que voluerunt ipsum ponem in galleam per vim et vulneratus fufugit ab eis que adduxerunt ad nostrum hospitale domini sindici scilicet ghiglemus nicolay forbin*

Antonius de Yvans de Lingua d'Ocha	25 April			Great fever (<i>febre magna</i>)	• Goat; (white) bread; (white) wine; eggs; mutton •	
Girardus Deybrun	25 April			Great fever (<i>febre magna</i>)	• Goat; (white) bread; (white) wine; eggs; mutton •	
Gregori de Empatu S. Floriii	28 April			Great fever and greatly disabled (<i>magna febre et debilitater nimis</i>)	• Chicken	Arrived from Rome.

Appendix D: Medical professionals contracted by Saint-Esprit

Salaried practitioners

Date	Name	Profession	Salary/ Year
1330	Giraut de Bellevec	<i>surgian</i>	1 lib. 10 s.
1330	Peire Guantier	<i>barbier</i>	20 s.
1333	Giraut de Bellevec	<i>mege</i>	2 lib. 15 s.
1338	Guilhem Lonc	<i>mege</i>	3 lib. 15 s.
1338	Giraut [de Bellevec]	<i>barbier e maistre surgian</i>	3 lib. 10 s.
1342	Johan Bedos	<i>surgian</i>	5 lib.
1342	Salamon	<i>mege de fészica</i>	6 lib.
1348	Johan [blank]	<i>barbier</i>	3 fl.
1349	[Not named]	<i>megi surgian</i>	3 lib.
1357/8	Davin	<i>surgian</i>	3 lib. 3 s. (?)
1363	Salvis	<i>mege deurgia</i>	2 lib. ⁹⁰⁵
1364	Salvis	<i>surgian</i>	1 lib. 12 s./ tes
1371	Salamon	<i>mege</i>	1 lib. 12 s./ tes
1371	Ferier	<i>mege</i>	1 lib. 12 s./ tes + 1 lib. 12 s. (compliment)
1397	Abram ⁹⁰⁶	<i>mege</i>	
1403/4	Salamon ⁹⁰⁷	[<i>mege</i>]	4 lib. 16 s.
1408	Ruben	<i>mejer fizisian</i>	1 lib. 12 s./ tes
1409	Ruben	<i>mege</i>	1 lib. 12 s./ tes
1409	Mosson Marnan	<i>surgian</i>	1 lib. 12 s./ tes
1410	Guilhem	<i>barbier</i>	2 lib.
1410	Ruben	[<i>mege</i>]	1 lib. 12 s./ tes
1410	Mosson Marnan	[<i>surgian</i>]	1 lib. 12 s./ tes
1416	Ruben	<i>mejer fezician</i>	1 lib. 12 s./ tes
1416	Guilhem Mathola	<i>barbier</i>	2 lib.
1417/8	Ruben	<i>mege fezisian</i>	1 lib. 12 s./ tes
1417	Guilhem Mathola	<i>barbier</i>	2 lib.
1417	Johan ⁹⁰⁸	<i>meje de la vila</i>	6 lib. 8 s.
1422	Ruben	<i>mege[fezician]</i>	1 lib. 12 s./ tes

⁹⁰⁵ It is unclear if this is an annual salary, or just a payment for services provided. He was also paid 1 lib. for the care that he provided two women in the hospital.

⁹⁰⁶ This is likely the “Abraham Bondavin, *phiscus*,” who appears in Barthélemy’s list of Marseillais physicians; if so, he served as council for the Jewish community in Marseille on 30 September 1400. Barthélemy, *Médecins à Marseille*, 29.

⁹⁰⁷ This is likely the “Salomon Orgier” recorded in Barthélemy’s list, whom, on 5 August 1403, the municipal council declared would continue to serve the city at a price of 50 fl. Ibid.

⁹⁰⁸ He appears to have been the city physician and the physician on staff at the Aubagne house. 1 HD E 31, f. 48v: *a xii de may mcccc xix hay pagat a maistre johan lo meje de la vila e a son conpanhons que foron en las p[er]has que foron fachas en dona alaheta donada en l'espital d'albanha de comandamen dels senhos rectos...iiii fl. que valon...lib. vi s. viii*

1422	Marnau Ferier	<i>surgian</i>	1 lib. 12 s./ tes
1423	Ruben	<i>mege [fezician]</i>	compliment of 2 lib.
1423	Johan Boret	<i>barbier</i>	2 lib.
1426	Ruben	<i>mege [fezician]</i>	Not noted
1426	Johan Boret	<i>barbier</i>	Not noted
1430	Mosson Marnan	<i>[surgian]</i>	3 fl.
1431	Johan Boret	<i>barbier</i>	1 fl. 6 gr.
1432	Bertran Morssant	Not noted ⁹⁰⁹	8 lib. 10 s./ 8 months
1434	Peire Vinsens	<i>[mege]</i>	4 lib. 16 s.
1434	Lambert	<i>barbier</i>	2 lib. 8 s.
1434	Durant	<i>surgian</i>	2 lib. 8 s.
1435	Peire Vinsens	<i>megi fesicium</i>	4 lib. 16 s.
1435	Durant	<i>surgian</i>	64 s. (3 lib. 4 s.)
1435	Lambert	<i>surgian</i>	2 lib. 8 s.

Non-salaried practitioners

Date	Name	Profession	Notes on Payment
1330	Peire Blanquier	<i>potiquari</i>	
1338	Johanet Johan	<i>espesiare</i>	
1342	Enrigau d'Estreilhas	<i>potiquari</i>	
1348	Bertran Johan	<i>botiquari</i>	
1365	Bertran Johan	<i>botiquari</i>	
	Giraut Manet	<i>botiquari</i>	
1397			
1397	Bernat Rosthan	<i>boticari</i>	
1398	Giraut Manet	<i>boticari</i>	
1398	Sansonet	<i>barbier</i>	Paid 2 s. 7 d. for bleeding two sick
1398	Johan de Narbona	<i>megi</i>	Paid 1 lib. 12 s. to heal an infant
1408	Bernart Maxinum	<i>apothecari</i>	
1410	Jacme Arnaut	<i>botcari</i>	
1416	Huguet Baron	<i>apotiquari</i>	Paid diverse sums <i>en servizi dels malautes que venon a l'espital</i>
1417	Huguet Baron	<i>apoticari</i>	
1422	Huguet Baron	<i>[apoticari]</i>	
1423	Gabriel Maurel	<i>apoticari</i>	
1426	Gabriel Maurel	<i>apoticari</i>	
1432	Johan Monreu	<i>espesiare</i>	Paid 40 lib. for <i>aucunas medessinas e per sures e per</i>

⁹⁰⁹ Paid *per servir los mallautes*

			<i>autres cauzas que a hagut est espital</i>
1432	Peire Vinsens	<i>mege</i>	Paid 4 lib. 10 s.
1432	Mosson Marnan	<i>[surgian]</i>	Paid 4 lib. 10 s.
1432	Johan Boret	<i>barbier</i>	2 lib. 8 s.
1432	Johan Monnie	[apothecary]	Paid for <i>aucunas medessinas e per sucres e per autres drogaria</i>
1434	Honorat	[apothecary]	Paid for <i>las medesinnas del hospital</i>
1444	Miquel Veram	<i>barbier</i>	Paid 2 s. 8 d.
1444	Bertran Forbin	[apothecary]	
1444	Peire de las Escalas	[apothecary]	
1444	Miquel Veram	<i>barbier</i>	Paid 1 lib.12 s. per lo <i>guariment de la testa de johan de milan</i>

Appendix E, Duration of infants stay with wet nurses

REGISTER	YEAR	INFANT	NURSE	LENGTH OF STAY (MONTHS)
1 HD E 2	1330	Maurineta	Mateus de Santa Maria	2.5 (d.)
1 HD E 2	1330	Marita	Allazeta Guolberta	2 (d.)
1 HD E 2	1330	Guillamona	Guitellita	5 (d.)
1 HD E 2	1330	Jomet	Venias	<i>Indefinitely</i> (see E3)
1 HD E 2	1330	Panset	Moneta Villa	1
			Guillemeta de Vifaris	2 (d.)
1 HD E 2	1330	Sillona	Guillemeta dellas Moneguas	2 (d.)
1 HD E 2	1330	Quatarina	Sanseta Martina	<1
			Tomaza Veltorna	1 (d.)
1 HD E 2	1330	Peiron	Aiglina Merquadiera	2
			Hugueta Viguaroza	4
1 HD E 3	1331		Bertrana Guarniera	2
			Ugeta Sibrana	1
			Duranta de Lodenas	3
1 HD E 2	1330	Lansallot	Guillema Pelloza	<1
			Douseta Martina	1
1 HD E 3	1331		Resems Mocolana	3
1 HD E 3	1331	Ugueta	Ugua	2
1 HD E 3	1331	Monet	Alaeta Bernada	8+
1 HD E 5	1332			11+ 1 = 20
1 HD E 3	1331	Peiron	Monara Holiviera	1
1 HD E 3	1331	Peire	Bertomiena Duys	1
1 HD E 3	1331	Catarina	Guassons	2
1 HD E 3	1331	Joan	Bernada Miqla	1

1 HD E 5	1332	Miquellon	Pellegrina Raolsa	5
			Douseta Pansa	1
			Johana Quaralliera	6+
1 HD E 6	1333			5=11
1 HD E 5	1332	Lusia	Douseta D'Aurugll	1
			Jacmeta Salvestra	1
			Boneta	1
			Silleta Qualinarda	2
			Biatris Roberta	2
			Guillema deMostiers ⁹¹⁰	1+2+
1 HD E 6	1333			3 = 6
			Antonia	1
			Hugueta Sertana	1 (d.)
1 HD E 5	1332	Sansa	Jacmeta Jordana	1
			Johaneta Quaralliera	3 (d.)
1 HD E 5	1332	Peiron	Johaneta Quaralliera	1 (d.)
1 HD E 5	1332	Allazeta	Tomaza Quollina	2
1 HD E 5	1332	Peiron	Allazeta Auriella	<1
			Betrana	<1
1 HD E 5	1332	Johaneta	Berenguiera Bourguona	<1
			Guillema deMestiers	<1
			Na Miquollana Seneque	3 (d.)
1 HD E 5	1332	Lozis	Moneta Rostagna	2
1 HD E 5	1332	Peiron	Guillema Paulla	1 (d.)
1 HD E 5	1332	Guillamana	Guillema Rainoarda	1 (d.)
1 HD E 5	1332	Allazeta	Antonieta Viquoroza	1 (d.)
1 HD E 5	1332	Guangoza	Ellis Quadella	3+
1 HD E 6	1333			7=10
1 HD E 5	1332	Marita/Martona	Douseta Duranta	3+
1 HD E 6	1333			5=8

⁹¹⁰ Lusia was passed around frequently; she went to and from Guillema deMostiers thrice.

			Na Fran Solqasi	1
			Quatarina Martina	2 (d.)
1 HD E 6	1333	Huguona	Bertrana Guarniera	4 (d.)
1 HD E 6	1333	Joneta	Bermona Huberta	1
1 HD E 6	1333	Peiron	Berenguiera Giesa	<1 (d.)
1 HD E 6	1333	Esphona	Berenguiera Giesa	<1
			Dousa Busona	2 (d.)
1 HD E 6	1333	Pasqueta	Bermona Rogeta	1
			Risens Marqua	1
			Fransesqua Ameillida	1
1 HD E 6	1333	Catarina	Marita Martina	1
1 HD E 6	1333	Selona	Moneta Pinatelh	1
			Joneta Bonafazia	1
			Selena Alreara	1
			Jacmeta de la Toi	1
1 HD E 6	1333	Esparona	Joana Quaralliera	2 (d.)
1 HD E 6	1333	Jonon	Fransesque Tapiaris	1 (d.)
1 HD E 6	1333	Douseta	Guillelma Joana	4
1 HD E 7	1338	Peiron	Jacma Quolrada	1 (d.)
1 HD E 7	1338	Margarida	Guasenana Rainauda	3
			Tomaza Folquiera	3 (d.)
1 HD E 7	1338	Johanon	Mabilliza Gone	1
			Tibourgua Borguonah	3 (d.)
1 HD E 7	1338	Sillona	Guillema	3
1 HD E 7	1338	Clareta	Guillemeta Peironella	1
			Guillemeta Bresa	3
1 HD E 7	1338	Paullet	Jaufreza Folquesa	2

1 HD E 8	1340	Gilhmon	Bertrana Cocarella	1
			Laurensona Marasona	1
			Dousa Gigonesa	2
			Biatris Ricarda	1 (d.)
1 HD E 8	1340	Catarina	Guilhema Gasina	3
			Uga Juliana	<1 (d.)
1 HD E 8	1340	Catarina	Aicarda Capela	2
			Uga de Riana	1
			Marita Martina	12+
1 HD E 9	1341			12=24
1 HD E 8	1340	Gilhmon	Micolana Guera	1
			Jacma Cobrada	1
			Sisilia Sabatiera	12+
1 HD E 9	1341-1342			12+ 12=36
1 HD E 8	1340	Gillmona	Monera de Roba	1
			Biatris Ricarda	1
			Risenera de Rena	1
			Mateut Bonavala	1
			Alaera Mosa	1
			Biatris Anfosa	Not noted. Perhaps, indefinitely.
1 HD E 9	1341	Peiron	Guilhema Guasina	12+
				12=24
1 HD E 9	1341	Espagna	Biatris Enriqua	1
1 HD E 9	1341	Rainaudona	Ugueta Bermona	1 (d.)
1 HD E 9	1341	Margarida	Biatris Lhantauda	1 (d.)
1 HD E 9	1342	Bertranon	Tomasza Banhairis	2 (d.)
1 HD E 9	1342	Margarida	Tomasza Banhairis	1 (d.)
1 HD E 9	1342	Moneta	Na Johana Sallona	<1
1 HD E 9	1342	Guassens	Guilhemeta Floreta	1 (d.)

1 HD E 9	1342	Guilhelmon	Na Feriera	3
1 HD E 10	1348	Guillem	Azalazas Barbarina	12
1 HD E 10	1348	Guillema	Ugueta Fabreza	12
1 HD E 10	1348	Panset	Alazeta Tomaza	12
1 HD E 10	1348	Ugueta	Alazeta de Quavallena	12
1 HD E 13	1363	Benevenguda	Jacmeta Neguba	12+
1 HD E 14	1364			4=16
1 HD E 13	1363	Peironet	Ugua	12
1 HD E 25	1408	Marina	Wife of Bertran Robart	8
1 HD E 25	1408	Douseta	Audrina	9+
1 HD E 28	1409			5=14
1 HD E 25	1408	Aicardeta	Catarina Polhana	10
1 HD E 25	1408	Laurens	Julueta Tolona	4
			Ainozeta Aguostina	1
1 HD E 28	1409		Julueta Tolona	7
			Wife of Johan Berart	7
1 HD E 25	1408	Antonet	Ugueta Roca	8
1 HD E 28	1409	Bertolomieu	Wife of Peyre d'Anin	1 (d.)
1 HD E 28	1409	Anthoneta	Katarina Alberta	4
			Jacmeta Gras	1
			Wife of Bernat lo sabatier	2
			Johamona	4
			Wife of Antoni Missa	12
1 HD E 31	1417	Douseta	Jacamona	12
1 HD E 34	1423	Peyroneta	Johaneta	2
1 HD E 34	1423	Jaumeta	Moneta	11

1 HD E 34	1423	Augustina	Johaneta	3
1 HD E 34	1424	Guilhem	Alaeta (Lorda) Papiona	3
1 HD E 35	1425	Agostino	N/A	12
1 HD E 37	1430	Catarina	Catarina Plumassa	10
1 HD E 37	1430	Georgi	Wife of Lasenet Raymbaut	20
1 HD E 37	1431	Johaneta	Daughter of Peyre Silne	4 (d.)
1 HD E 37	1430	Felipon	Rabeta	<1
1 HD E 37	1431	Johan	Rabeta	1 (d.)
1 HD E 39	1434	Guilhem	Unestia	12
1 HD E 39	1434	Catharina	N/A	<1 (1.5 days)
1 HD E 40	1434		Breuga	4
			Wife of __ Boque	4
1 HD E 39	1434	Jacmeta	Daughter of Gratu Pulha	4+
1 HD E 40	1434			6.5=10.5
1 HD E 41	1444	Bertomyeu	Girauda	<1 (1 day)
			Catharina Vendyera	7
1 HD E 45	1457	“Lo bastart Folquet”	Loissa	9

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